EXHIBIT A



United States Department of the Interior

NATIONAL PARK SERVICE

Sleeping Bear Dunes National Lakeshore 9922 Front St. (Hwy M-72) Empire, Michigan 49630-9797

August 2022 Platte Diversion - Natural Resource Assessments

The Natural Resources Division within Sleeping Bear Dunes National Lakeshore (National Lakeshore) regularly assesses resources damaged by acute visitor activities. The National Park Service (NPS) requires individualized resource assessments with damages of this magnitude. The required resource assessments are determined by each individual case and vary based on the extent and resources damaged. Prior to determining restoration efforts to undertake, it was important for resource managers to understand and document the impacts and extent that the August 2022 unauthorized diversion of the Platte River had on the natural resources of the National Lakeshore. In the short and mid-term, Natural Resources staff performed field assessments and consulted with specialists from other National Park Service units (hydrologists, wetland biologists, fisheries biologists, remote sensing specialists) and the State of Michigan - Department of Environment, Great Lakes, and Energy. Areas assessed included the original mouth of the river (downstream of the diversion) upstream into Loon Lake and were driven by observations of decreased water levels within weeks following the diversion.

Resources assessed included wetland vegetation, aquatic wildlife and fish, water levels, river geomorphology, and federally-listed species and associated habitat, including endangered piping plover and threatened Pitcher's thistle. Staff observed wetland vegetation drying and subsequently dying within and along the river as well as tracks from aquatic invertebrates migrating down to current water levels. At the El Dorado boat launch and the Michigan Department of Natural Resources fish weir, staff documented a drop in river levels that occurred over several weeks.

Staff also documented changes to the channel at the diversion, including downcutting (deepening) along the diversion channel over short term, buildup of sediment bar just offshore, and the slow migration of the new mouth to the east. The flow rate of the river increased substantially, which can be a barrier to passage of types of fish and other organisms that are weaker swimmers. For the portion of the river downstream of the diversion, staff documented the channel becoming disconnected from the river and from the lake followed by the slow dewatering until dry. Within this stretch staff also documented presence and subsequent absence of fish once disconnected from the river and the lake.

Given the volume and power of water moving through the diversion, attempts to block the diversion and reconnect to the original channel would have involved substantial disturbance to the area and impacts similar to those assessed within the Environmental Assessment of the Platte River Mouth Restoration and Access Plan. Therefore, no major remediation was pursued.

The National Park Service's mission is to preserve unimpaired the natural and cultural resources and values of the National Park System for the enjoyment, education, and inspiration of this and future generations. As such, staff continue to assess the area for longer-term impacts and to improve our understanding of changes to the Platte River system due to this unauthorized diversion.

The attached resource management and hydrologist spreadsheets are the costs incurred to conduct required resource assessments of the Platte River. The assessments helped resource managers better understand the damages and were necessary in determining how to proceed.

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct to the best of my information and belief.

ly Christian Date: 21 Mar 2024

EXHIBIT B

Case 1:23-mj-00230-RSK ECF No. 20-1, PageID.243 Filed 03/27/24 Page 5 of 74

| Date | Activity | Duration | Personnel | Approx. Unit Cost / | Ηοι Total |
|--------------------|---|----------|------------------|---------------------|-------------|
| 8/23/22 to 8/25/22 | Site visits, Meetings, Time Spent Estimating Damaged Area - WRD hydrologist | | Sharla Stevenson | \$ | \$ 2,945.75 |

Total Costs \$ 2,945.75

EXHIBIT C

Travel Dates 08/23/2022 - 08/25/2022

Trip Name Trip to Traverse City to evaluate damage at Platte

River

| From | То | Itinerary Location | Purpose | Per Diem Rates |
|----------|----------|--------------------|---------------------|----------------|
| 08/23/22 | 08/25/22 | TRAVERSE CITY, MI | Mission Operational | 195.00 / 64.00 |

Document Totals

 Total Expenses
 1,322.97
 Advance Requested
 0.00

 Reimbursable Expenses
 160.00
 Net to Government
 1,62.97

 Non-Reimbursable Expenses
 1,162.97
 Payto Charge Card
 0.00

EXHIBIT D

| Date | Time | Activity | Duration | Personnel | Approx. Unit Cos | st / Hoi Total | |
|-----------|---------------|---|----------|-----------------|------------------|----------------|---|
| 17-Aug | g 2-4 PM | Site Visit + Damage Assessment | | Kirk Acharya | \$ | | |
| 17-Aug | g 2-4 PM | Site Visit + Damage Assessment | | VinceCavalieri | \$ | | |
| 17-Aug | g 2-4 PM | Site Visit + Damage Assessment | | Chris Otto | \$ | | |
| 18-Aug | g 6:30-7:30 P | I Phone call | | Chris Otto | \$ | | |
| 18-Aug | g 6:30-7:30 P | I Phone call | | Jay Glase | \$ | | |
| 8/19/2022 | 2 1-2 PM | MWR Regional Call | | Kirk Acharya | \$ | | |
| 8/19/2022 | 2 1-2 PM | MWR Regional Call | | VinceCavalieri | \$ | | |
| 8/19/2022 | 2 1-2 PM | MWR Regional Call | | Chris Otto | \$ | | |
| 8/19/2022 | 2 1-2 PM | MWR Regional Call | | Nancy Finley | \$ | | |
| 8/19/2022 | 2 3-4 PM | DNR Fisheries Call | | VinceCavalieri | \$ | | |
| 8/19/2022 | 2 3-4 PM | DNR Fisheries Call | | Ben Bershtad | \$ | | |
| 8/19/2022 | 2 7-8 PM | MWR Fisheries Call | | Chris Otto | \$ | | |
| 8/19/2022 | 2 7-8 PM | MWR Fisheries Call | | Jay Glase | \$ | _ | |
| 8/19/2022 | 2 8-4 PM | Reviewing reports and imagery; emailing with regional experts | | Kirk Acharya | \$ | | |
| 8/24/2022 | 2 9-12 PM | Site visit- WRD hydrologist | | VinceCavalieri | \$ | | |
| 8/24/2022 | 2 9-3 PM | Site visit- WRD hydrologist | | Kirk Acharya | \$ | | |
| 8/24/2022 | 2 1-2 PM | Call to aquire satellite imagery and delinate breach | | Jamie McBryde | \$ | | 5 |
| 8/24/2022 | 2 1-2 PM | Call to aquire satellite imagery and delinate breach | | Al Kirshbaum | \$ | _ | |
| 9/8/2022 | 2 9-5 PM | Assessing Wetland Water Loss | | Kirk Acharya | \$ | | |
| 9/8/2022 | 2 9-5 PM | Assessing Wetland Water Loss | | Jamie McBryde | \$ | | |
| 9/8/2022 | 2 9-5 PM | Assessing Wetland Water Loss | | Darbi Obrien | \$ | | |
| 9/8/2022 | 2 9-5 PM | Assessing Wetland Water Loss | | Samantha Higgin | \$ | | |
| 9/15/2022 | 2 9-5 PM | Assessing Wetland Water Loss | | Gwen Keller | \$ | | |
| 9/15/2022 | 2 9-5 PM | Assessing Wetland Water Loss | | Darbi Obrien | \$ | | |
| 9/15/2022 | 2 9-5 PM | Assessing Wetland Water Loss | | Samantha Higgin | \$ | | |
| 9/15/2022 | 2 9-5 PM | Assessing Wetland Water Loss | | Jamie McBryde | \$ | | |
| 9/27/2022 | 2 N/A | qPCR lab supplies for beach testing | | Renee Babiarz | \$ | | |
| 8/20-9/27 | N/A | Weekly Water sample testing for newly created vernal pool, stagnant water feature | | Renee Babiarz | \$ | | |
| | | Producing Maps for Historical Water Levels | | Al Kirshbaum | \$ | | |
| | | Submission of Requests for High Resolution Satellite Imagery | | Al Kirshbaum | \$ | | |
| | | Downloading, Processing, Sharing of High Resolution Satellite Imagery | | Al Kirshbaum | \$ | | |
| | | Map Creation to Visualize Post Dredge effects | | Al Kirshbaum | \$ | | |

Total Costs \$ 7,607.56

EXHIBIT E

ACTIVITY TIME LOG

Employee Name Julie Christian Park Sleeping Bear Dunes National Lakeshore Employee Title Natural Resources Division Manager Case Name 2022 Platte Dredge

| | Total \$ |
|-----------------------|--|
| | |
| Notes | (Hours x Pay |
| | Rate) |
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| | Jpdate ints visors Meeting Discussion Visit f Site Visit with WRD 8-1230, ssessment options with HEAN, ints ganization ints ganization ganization ganization w/ WRD ganization |

| ACTIVITY CODES | Assessment/Restoration Determination | General Case Management |
|---|--|--|
| | B1 Prepare/review assessment work plan | E1 Case management |
| Response/Investigation | B2 In field assessment/collection of data | E2 Track costs |
| A1 Incident investigation | B3 Analysis of data | E3 Conference calls |
| A2 Evidence collection, documentation and storage | B4 Prepare/review Injury Assessment Report | E4 Assemble administrative record |
| A3 Report writing (CIR) | B5 Developing restoration projects | E5 Travel |
| A4 Response coordination (ICS/Interagency) | B6 Developing HEA inputs | E6 Contracting management - General |
| A5 Response oversight | B7 Conducting economic analysis | E7 Meetings |
| A6 Response participation | B8 Developing/obtaining costs for restoration | E8 Correspondence |
| A7 Interviewing RP/witness | B9 Restoration Determination report | E9 Completing deposit slip |
| A8 Establishing/organizing closures | B10 Contract management-Assessment | E10 Tracking payments |
| A9 Preliminary discussions with ERDAR | and other in the desire and the desire of the desire and the desire and the desire and the desire. | Secretaria de la 1907 esta cardina de la companya del companya de la companya de la companya del companya de la companya del la companya de l |
| A10 Establishing Case Team | Claim Development | |
| A11 Public information | C1 Compiling/providing Park past costs | Restoration Post-Settlement |
| A12 Documenting injury (photo/video) | C2 Prepare/review Claim Report | F1 Planning (Direct) |
| A13 Preliminary assessment | C3 Prepare and execute concurrence documents. | F2 Planning (Contract Management) |
| A14 Stabilization | C4 Prepare/review demand letters (Quick Claim) | F3 Implementation (Direct) |
| A15 Suppression | | F4 Implementation (Contract Management) |
| A16 Monitor ongoing effects of injury | Legal | F5 Monitoring (Direct) |
| A17 Participating in clean up | D1 Contact SOL/AUSA | F6 Monitoring (Contract Management) |
| A18 Prepare/review Case Team Agreement | D2 Settlement negotiations | F7 Restoration Completion Report |
| A19 Incident screening | D3 Litigation support (once case has been filed with courts) | |
| A20 Incident classification | D4 FOIA request | |
| A21 Contract management - Response | D5 Discovery requests | |
| | D6 Depositions | |
| | D7 Attending mediation | |
| | D8 Testifying | |

EXHIBIT F



United States Department of the Interior

NATIONAL PARK SERVICE

Sleeping Bear Dunes National Lakeshore 9922 Front St. (Hwy M-72) Empire, Michigan 49630-9797

August 2022 Platte Diversion – United States Coast Guard Imagery Request

The National Park Service (NPS) has a positive partnership with the United States Coast Guard Air Station Traverse City (USCG) and regularly requests their assistance with overflights to conduct aerial assessments or obtain imagery for further review. Due to USCG's proximity to Sleeping Bear Dunes National Lakeshore (National Lakeshore) and frequent shoreline overflights, USCG is an outstanding asset for any and all aerial needs.

Following the unauthorized diversion of the Platte River, the NPS requested the USCG conduct an overflight and obtain images of the damage near Platte Point. USCG was required and requested to conduct this mission due to the need to obtain imagery quickly. The imagery was needed to aid investigators, resource managers, and National Lakeshore leadership in understanding the extent and overall damage to the Platte River system. USCG accepted the mission and launched the helicopter with the sole purpose of obtaining the requested imagery.

Other means of obtaining imagery such as utilizing a drone, Unmanned Aircraft System (UAS), was not an option as it could not be conducted in a timely manner. Under 36 CFR 1.5 the Superintendent of the National Lakeshore has prohibited launching, landing or operating a UAS from or on lands and waters administered by the NPS. However, UAS missions can be flown for administrative purposes by a Department of the Interior (DOI) carded NPS UAS pilot operating under a fleet UAS program and DOI or interagency carded pilots, cooperators such as universities, research partners or other outside entities that conduct uncrewed aircraft operations at the request of the NPS pursuant to a written agreement, or commercial contractors conducting UAS operations at the request of the NPS using end product contracts. The National Lakeshore does not have a DOI or interagency carded UAS pilot, cooperative agreements with outside entities, or contact with any commercial contractors or vendors offering UAS operations. Therefore, quickly obtaining imagery with a UAS abiding by NPS policy was not achievable.

Additionally, NPS has the ability to obtain imagery from geographic information system (GIS) specialists. A request to obtain imagery from a NPS GIS Specialist was made shortly after the unauthorized diversion. However, adequate imagery was not available until August 24, 2022, which was six days after USCG obtained their images. There are many factors affecting a GIS Specialists ability to obtain adequate imagery. Spatial resolution is dependent on weather and cloud cover. Additionally, there are limited satellites resulting in a delay of the ability to obtain imagery immediately upon request.

The decision was made by National Lakeshore leadership to request the assistance of our USCG partners because it was the quickest and most effective means of obtaining images of the damage to the Platte River system.

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct to the best of my information and belief.

Signed by: JOHN AKERS Digitally signed by JOHN AKERS Date: 2024.03.22 16:14:38 -04'00'

John P. Akers, Chief Law Enforcement Ranger

Date: 3-22-2024

EXHIBIT G

| IN THE UNITED STATES I | DISTRICT COURT |
|------------------------|----------------|
| WESTERN DISTRICT O | OF MICHIGAN |

| Criminal Action No. 1:23MJ230 |
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DECLARATION OF COMMANDER BENJAMIN LITTS, U.S. COAST GUARD IN SUPPORT OF GOVERNMENT'S SENTENCING AND RESTITUTION MEMORANDUM

Benjamin Litts, pursuant to 28 U.S.C. § 1746, hereby declares under penalty of perjury as follows:

- 1. I hereby submit this declaration, made in my capacity as an active member of the United States Coast Guard (the "Coast Guard"), in support of the Government's Sentencing and Restitution Memorandum.
- 2. All statements set forth herein are based upon my personal knowledge and facts I have learned in the course of my Coast Guard duties. If called to testify, I could and would testify competently to each of the facts set forth herein.

Personal Background and Qualifications

3. I am a Coast Guard Commander, commissioning in May of 2008. During my career, I have served in operational billets afloat on cutters for eight years, including a tour as the Commanding Officer of a Fast Response Cutter, and most recently as the Operations Officer and Navigator of the Coast Guard Cutter POLAR STAR during its deployment to Antarctica from the winter of 2022 into the spring of 2023. I have also served in multiple financial resource

management positions within the Coast Guard, earning the financial management specialty code designation. I currently serve as the Field Execution Support Division Chief within the United States Coast Guard's Office of Resource Management (CG-83). Responsibilities for this position include developing the of the Coast Guard's reimbursable rates and Standard Personnel Costs, managing the United States Coast Guard's \$7 Billion open obligation population in current and expired phase appropriations, and developing tools to help Coast Guard manage procurement, finance, property, and logistics processes.

4. As a 2008 graduate of the Coast Guard Academy majoring in Electrical Engineering, I later earned an MBA and MPA from Syracuse University in 2013. I have been an active Association of Government Accountants Certified Government Financial Manager since March 13, 2015.

Platte River Diversion Overflight

5. On 18 August 2022, 11:31 local time, a MH60 Jayhawk, tail number C6014, took off from Air Station Traverse City to begin an overflight on behalf of the National Park Service to identify potential damage cause by the diversion of the Platte River. C6014 was crewed by Pilot in Control CDR Nathan Hudson (USCG, ret.), co-pilot LT Robert Turns (currently stationed at Coast Guard Air Station Kodiak, Alaska), crew member AET2 Liam Wright (Air Station Traverse City). Agent Dan Bigger (DNR) joined the flight as a passenger and observer. The flight was initiated for the sole purpose of supporting the National Park Service request, and C6014 returned directly to Air Station Traverse City after completing the overflight mission, landing at 13:31 local time. The total flight time was 2 hours.

Costs Incurred by the United States Coast Guard

- 6. The United States Coast Guard publishes reimbursable standard rates in COMMANDANT INSTRUCTION 7310.1 (series). The rates applicable to this case were published in COMMANDANT INSTRUCTION 7310.1V. The process used to determine the rates in COMMANDANT INSTRUCTION 7310.1V passed a Test of Design review by the United States Coast Guard Office of Internal Controls (CG-85) in November 2022. The standard rates are derived using an activity-based costing model, the Expense Allocation Model, to aggregate the United States Coast Guard's direct and indirect cost to allocate them to assets. The rates are calculated by dividing the costs associated with an asset class by a three-year average of the resource hours per asset class. For aircraft, boats and cutters, the United States Coast Guard allocates these costs into the following components: direct costs, support costs, general and administrative costs, pension benefit adjustment, operating asset depreciation, and operating asset cost of capital.
- 7. Direct cost includes labor, employee benefits, fuel, maintenance, etc. Support costs include support from Area Commands, Districts, Sectors, Bases, etc. General and administrative costs include benefit received from activities including legal services, payroll processing, etc. Pension benefit adjustment includes costs incurred for retirement pay and medical expenses. Operating asset depreciation represents the depreciation by class of cutter, boat, aircraft, etc. Operating asset cost of capital includes the annual rate of return applied to the net book value of cutters, aircraft, boats, buildings, structures, and other assets. To apply these rates, direct costs, support costs, and general and administrative costs make up the rate for government reimbursement to other federal agencies, known as the "Inside Government" rate. Calculation for reimbursement of costs outside government includes all components of the rates.

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8. The total out of government rate cost of the Platte River Diversion Overflight was

\$40,992.41. The components of the hourly rate of \$20,496.21 include direct cost of \$8,565.23,

support costs of \$2,015.35, general and administrative costs of \$5,314.68, pension adjustment of

\$2,898.40, depreciation of \$571.05, and cost of capital of \$1,131.50.

9. For the Inside Government rate, the rate at which other federal agencies are

charged, the components of the \$15,895.26 hourly rate include only direct cost of \$8,565.23,

support costs of \$2,015.35, general and administrative costs of \$5,314.68. Accordingly, the

inside rate for 2 hours of Coast Guard support is \$31,790.52.

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true

and correct to the best of my information and belief.

Dated: 19 March, 2024

LITTS.BENJAMIN Digitally signed by LITTS.BENJAMIN.M.1094226089 Digitally - 04'00' LITTS.BENJAMIN.M.1094226089 Digitally - 04'00' LITTS.BENJAMIN.M.1094226089 Digitally signed by LITTS.BENJAMIN.M.1094226089 Digitally signed

Benjamin Litts

Commander, U.S. Coast Guard

EXHIBIT H

U.S. Department of Homeland Security
United States
Coast Guard

Commandant United States Coast Guard US Coast Guard Stop 7618 2703 Martin Luther King Jr Ave SE Washington, DC 20593-7618 Staff Symbol: CG-834 Phone: (202) 372-3573 Fax: (202) 372-8394

COMDTINST 7310.1V 03 NOV 2021

COMMANDANT INSTRUCTION 7310.1V

Subj: REIMBURSABLE STANDARD RATES

- Ref: (a) Federal Accounting Standards Advisory Board, Statement of Federal Financial Accounting Standards No. 4, Managerial Cost Accounting Standards and Concepts
 - (b) Office of Management and Budget, Circular No. A-25 (Revised)
 - (c) 31 U.S.C. § 1535, Agency agreement
 - (d) 14 U.S.C. § 701, Cooperation with other agencies, States, territories, and political subdivisions
 - (e) 14 U.S.C. § 712, Contracts with Government-owned establishments for work and material (Project Order Authority)
 - (f) Financial Resource Management Manual (FRMM), COMDTINST M7100.3 (series)
- 1. <u>PURPOSE</u>. This Instruction communicates adjustments in the cost of operating Coast Guard assets and non-asset missions. It consolidates hourly program costs for: CG mission assets, personnel, ATON, pollution clean-up, vehicles, outpatient visits, canine and dive teams, and deployable C5I equipment. It assigns responsibility and delegates authority to Commandant (CG-83) for the publishing and updating of personnel rates. This Instruction must be used when computing reimbursable charges in accordance with References (a) and (b).
- 2. <u>ACTION</u>. All Coast Guard unit commanders, commanding officers, officers-in-charge, deputy/assistant commandants, and office chiefs of headquarters staff elements must comply with the provisions of this Instruction. Internet release is authorized.
- 3. <u>DIRECTIVES AFFECTED</u>. Reimbursable Standard Rates, COMDTINST 7310.1U, is hereby cancelled. New rates will take effect 30 days after this Instruction has been signed.

DISTRIBUTION - SDL No. 170

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NON-STANDARD DISTRIBUTION:

4. DISCUSSION.

- a. The Coast Guard enters into reimbursable agreements with other government agencies, states, territories, and political subdivisions in accordance with References (c), (d), and (e), as applicable, and the cost of the services and/or supplies must be recovered. Lacking a more specific statutory authority as prescribed by References (d) and (e), the Economy Act permits heads of agencies or major organizational units within an agency to place orders with a major organizational unit within the same agency or another federal agency for supplies or services. A condition of the Economy Act requires actual cost recovery. The enclosed rates represent full actual cost to the Coast Guard for use of its resources.
- b. The standard rates are derived using an activity-based costing system, the Expense Allocation Model (EAM), to aggregate the Coast Guard's direct and indirect operating costs and assign those costs to its asset and non-asset missions. The EAM begins with USCG total annual operating expense and breaks it into direct, support and overhead costs and allocates these costs to asset classes. These represent the in-government costs. Out-of-government costs include all of the above, plus pension, depreciation and the cost of capital. The hourly rates are calculated using Activity-Based Management (ABM) and survey software technology to capture its costs and levels of effort. The standard rates are calculated by dividing the total asset class cost by total program or resource hours per class (3 yr. average).
- 5. <u>DISCLAIMER</u>. This guidance is not a substitute for applicable legal requirements, nor is it itself a rule. It is intended to provide operational guidance for Coast Guard personnel and is not intended to nor does it impose legally-binding requirements on any party outside the Coast Guard.
- 6. <u>MAJOR CHANGES</u>. Major changes to this Instruction include updates to: Enclosure (1) Hourly Standard Rates for Aircraft, Boats, and Cutters and Enclosure (2) Hourly Rates for Personnel.

7. ENVIRONMENTAL ASPECT AND IMPACT CONSIDERATIONS.

- a. The Office of Environmental Management, Commandant (CG-47) reviewed the development of this Commandant Instruction and the general policies contained within it, and determined that this policy falls under the Department of Homeland Security (DHS) categorical exclusion A3. No further environmental analysis is necessary in accordance with the U.S. Coast Guard Environmental Planning Policy, COMDTINST 5090.1 (series).
- b. This Commandant Instruction will not result in any substantial change to existing environmental conditions or violation of any applicable federal, state, or local laws relating to the protection of the environment. It is the responsibility of the action proponent to evaluate all future specific actions resulting from this policy for compliance with the National Environmental Policy Act (NEPA), other applicable environmental

- mandates, and the U.S. Coast Guard Environmental Planning Policy, COMDTINST 5090.1 (series).
- 8. <u>DISTRIBUTION</u>. No paper distribution will be made of this Instruction. An electronic version will be located on the Commandant (CG-612) web sites. Internet: http://www.dcms.uscg.mil/directives and CG Portal: https://cg.portal.uscg.mil/library/directives/SitePages/Home.aspx.
- 9. <u>RECORDS MANAGEMENT CONSIDERATIONS</u>. Records created as a result of this Instruction, regardless of format or media, must be managed in accordance with the records retention schedules located on the Records Resource Center CGPortal site: https://cg.portal.uscg.mil/units/cg61/CG611/SitePages/Home.aspx.

10. <u>POLICY</u>.

- a. Use the "Outside Government" rates for services provided to customers outside of the Federal government. Use the "Inside Government" rates for intra-governmental services.
- b. The Coast Guard currently has a negotiated rate for certain government users of the Polar Icebreakers. The Office of Waterways and Ocean Policy (CG-WWM) is responsible for publishing and updating the non-standard rate.
- c. The "direct" portion of the standard rates includes both fixed and variable components. Therefore, these rates must not be used to calculate reimbursement for Federal Emergency Management Agency (FEMA) and foreseeable costs related to contracting actions, cost justification for use of military aircraft, or incremental operations costs. Rates for these purposes will be promulgated separately.
- d. Reimbursable rates for services provided, which are not covered by this Instruction, must be developed in consultation with Commandant (CG-834).
- e. These rates, where appropriate, should be supplemented with out-of-pocket costs such as:
 - (1) Extra maintenance required due to extraordinary facility use or abuse, based on the actual costs of the additional materials and labor.
 - (2) Incidental personnel expenses such as travel and per diem.
 - (3) The cost of any special equipment purchased solely for the purpose of providing a reimbursable service.
- f. The Office of Resource Management (CG-83) is responsible for publishing and updating the Reimbursable Personnel Cost and Standard Personnel Cost tables annually in accordance with Reference (f).

11. FORMS/REPORTS. None.

COMDTINST 7310.1V

- 12. <u>SECTION 508</u>. This Instruction was created to adhere to Accessibility guidelines and standards as promulgated by the U.S. Access Board. If changes are needed, please communicate with the Coast Guard Section 508 Program Management Office at: Section.508@uscg.mil.
- 13. <u>REQUEST FOR CHANGES</u>. Address questions concerning these standard rates or the determination of other charges to the Costing Team at hqs-dg-lst-cg-834-costing-team@uscg.mil.

/MARK J. FEDOR/ Assistant Commandant for Resources Chief Financial Officer

Encls: (1) Hourly Standard Rates for Aircraft, Boats, and Cutters

- (2) Hourly Standard Rates for Personnel
- (3) Standard Rates for Replacement or Repair to Damaged Aids to Navigation
- (4) Hourly Standard Rates for Pollution Clean-Up Equipment
- (5) Standard Rates for Vehicles
- (6) Standard Rates for Outpatient Visits
- (7) Standard Rates for Canine Teams
- (8) Standard Rates for Dive Teams
- (9) Standard Rates for Deployable C5I

HOURLY STANDARD RATES FOR AIRCRAFT, BOATS, AND CUTTERS

- 1. <u>Rate Computation</u>. The hourly standard rates for aircraft, boats, and cutters are divided into two categories "Inside Government" and "Outside Government." The "Inside Government" rate is for use when charging other Federal agencies within the government. The "Outside Government" rate is for use when charging all others. FEMA rates are promulgated separately. To access FEMA rates navigate to CG Portal at: https://cg.portal.uscg.mil/units/cg83/CG834/SitePages/CG-834 Costing Tools.aspx and review the Variable Rates under Costing Tools.
- 2. <u>Rate Application Inside Government</u>. The following are the components of the "Inside Government" rate in accordance with Reference (a):
 - a. Direct Costs: Represents direct costs incurred by a particular asset class. This includes labor, employee benefits, fuel, maintenance, etc.
 - b. Support Costs: Costs allocated to a particular asset class for support received from Coast Guard support activities, including but not limited to, Area Commands, Districts, Sectors, Sector Field Offices, Bases, etc.
 - c. General and Administrative (G&A): Costs allocated to a particular asset class to represent benefit received from Coast Guard general and administrative activities such as legal services, payroll processing, etc.
- 3. <u>Rate Application Outside Government</u>. In addition to the costs listed in the "Inside Government" rate, the following additional costs are included in the "Outside Government" rate in accordance with References (a) and (b):
 - a. Pension Benefit Adjustment: Costs incurred for retirement pay and medical expenses.
 - b. Operating Asset Depreciation: Depreciation by class of cutter, aircraft, boats, buildings, structures, electronics, and other assets.
 - c. Operating Asset Cost of Capital: The annual rate of return (equal to the average long-term Treasury Bond rate) applied to the net book value of cutters, aircraft, boats, buildings, structures, and other assets.

Hourly Standard Rates for Aircraft, Boats, and Cutters

| | | Inside Gove | ernment Rate | | | Outside Government Rate (added components) | | | | |
|----------|--|-------------|--------------|---------|----------|--|--------------|-------------|----------|--|
| | | | | | | | Op & Other | Op & Other | | |
| | | | | | | Pension | Asset | Asset | | |
| | | Direct | Support | G&A | Total | Adjustment | Depreciation | Cost of Cap | Total | |
| Aircraft | HC-144 | \$6,326 | \$1,531 | \$4,355 | \$12,213 | \$2,124 | \$516 | \$823 | \$15,676 | |
| | HC-27J | \$8,505 | \$772 | \$5,338 | \$14,615 | \$2,372 | \$439 | \$939 | \$18,364 | |
| | C-37 (Note 1) | \$10,693 | \$4,022 | \$4,993 | \$19,709 | \$8,607 | \$9,668 | \$2,596 | \$40,581 | |
| | HC-130H | \$8,642 | \$1,479 | \$5,923 | \$16,044 | \$2,761 | \$467 | \$1,039 | \$20,311 | |
| | HC-130J | \$9,436 | \$3,102 | \$7,243 | \$19,782 | \$4,246 | \$587 | \$1,554 | \$26,169 | |
| | MH-60T Jayhawk | \$8,565 | \$2,015 | \$5,315 | \$15,895 | \$2,898 | \$571 | \$1,131 | \$20,496 | |
| | MH-65D Dolphin | \$6,816 | \$724 | \$4,310 | \$11,850 | \$1,910 | \$360 | \$893 | \$15,014 | |
| Boats | 49' Stern Loading Bouy Boat | \$1,318 | \$691 | \$1,145 | \$3,154 | \$518 | \$319 | \$115 | \$4,106 | |
| | AtoN 55' (ANB) | \$3,384 | \$5,382 | \$1,742 | \$10,508 | \$2,103 | \$1,736 | \$319 | \$14,667 | |
| | AtoN 63' 64' (ANB) | \$2,900 | \$1,614 | \$1,413 | \$5,927 | \$959 | \$492 | \$178 | \$7,556 | |
| | ATON Boat - Small (AB-S) | \$2,692 | \$866 | \$1,175 | \$4,732 | \$976 | \$514 | \$183 | \$6,406 | |
| | Motor Lifeboat (47') | \$1,166 | \$454 | \$925 | \$2,544 | \$458 | \$253 | \$109 | \$3,364 | |
| | Response Boat - Medium | \$1,133 | \$419 | \$954 | \$2,505 | \$468 | \$248 | \$108 | \$3,329 | |
| | Response Boat - Small (25') | \$531 | \$278 | \$356 | \$1,165 | \$225 | \$106 | \$48 | \$1,544 | |
| | Response Boat - Small (29') | \$459 | \$175 | \$488 | \$1,122 | \$184 | \$116 | \$45 | \$1,467 | |
| | AtoN Boat – Skiff (AB-SKF) & Shore-Based Skiff (SKF) | \$4,512 | \$656 | \$4,141 | \$9,309 | \$1,438 | \$1,070 | \$380 | \$12,197 | |
| | Short-Haul Ice Rescue Skiff (SKF-ICE) | \$3,534 | \$582 | \$4,061 | \$8,176 | \$1,307 | \$849 | \$317 | \$10,649 | |
| | Special Purpose Craft (20' Airboat, SPC-AIRBOAT) | \$4,228 | \$2,231 | \$4,896 | \$11,356 | \$1,834 | \$1,032 | \$420 | \$14,641 | |
| | Special Purpose Craft (22' Airboat, SPC-AIR) | \$4,160 | \$5,676 | \$2,799 | \$12,635 | \$2,243 | \$930 | \$351 | \$16,159 | |
| | Special Purpose Craft - Heavy Weather | \$2,647 | \$1,360 | \$2,044 | \$6,051 | \$1,061 | \$464 | \$298 | \$7,873 | |
| | Special Purpose Craft - Law Enforcement | \$411 | \$90 | \$363 | \$864 | \$169 | \$93 | \$40 | \$1,166 | |
| | Special Purpose Craft - Near Shore Lifeboat | \$1,155 | \$1,176 | \$1,431 | \$3,761 | \$606 | \$290 | \$116 | \$4,774 | |
| | Special Purpose Craft - Shallow Water | \$841 | \$191 | \$852 | \$1,884 | \$318 | \$188 | \$78 | \$2,468 | |
| | Special Purpose Craft - Training Boat | \$1,222 | \$241 | \$1,431 | \$2,893 | \$482 | \$303 | \$116 | \$3,795 | |
| | Trailereable ATON Boat (21') (26') | \$934 | \$345 | \$858 | \$2,137 | \$377 | \$214 | \$88 | \$2,817 | |
| | Transportable Port Security Boat (25') (32') | \$1,737 | \$251 | \$2,159 | \$4,148 | \$653 | \$429 | \$160 | \$5,391 | |
| | Utility Boat - Medium (25' - 40' 11") | \$8,647 | \$2,122 | \$715 | \$11,484 | \$2,887 | \$926 | \$449 | \$15,745 | |
| Cutters | WAGB-420 HEALY Icebreaker | \$11,791 | \$2,890 | \$3,852 | \$18,533 | \$5,100 | \$656 | \$2,810 | \$27,098 | |
| | WMSL-418 National Security Cutter | \$3,896 | \$7,353 | \$5,316 | \$16,565 | \$3,540 | \$6,847 | \$4,967 | \$31,919 | |
| | WAGB-399 Heavy Icebreaker | \$8,707 | \$2,980 | \$6,159 | \$17,846 | \$6,781 | \$529 | \$1,807 | \$26,962 | |
| | WHEC-378 High Endurance Cutter | \$3,844 | \$2,208 | \$5,704 | \$11,757 | \$2,689 | \$108 | \$540 | \$15,094 | |
| | WIX-295 Training Barque | \$2,753 | \$3,204 | \$3,709 | \$9,666 | \$2,273 | \$90 | \$282 | \$12,311 | |
| | WMEC-282 Medium Endurance Cutter | \$1,424 | \$2,608 | \$4,508 | \$8,541 | \$2,665 | \$401 | \$618 | \$12,225 | |
| | WMEC-270 Medium Endurance Cutter | \$2,732 | \$1,364 | \$4,634 | \$8,730 | \$1,798 | \$738 | \$636 | \$11,901 | |
| | WLBB-240 Great Lakes Icebreaker | \$7,387 | \$2,940 | \$4,149 | \$14,475 | \$4,030 | \$595 | \$1,483 | \$20,583 | |
| | WLB-225 Sea Going Buoy Tender | \$3,080 | \$2,231 | \$3,274 | \$8,584 | \$1,813 | \$888 | \$566 | \$11,852 | |
| | WMEC-210 Medium Endurance Cutter | \$1,970 | \$795 | \$3,671 | \$6,436 | \$1,345 | \$167 | \$331 | \$8,279 | |
| | WLM-175 Coastal Buoy Tender | \$2,275 | \$1,000 | \$2,317 | \$5,593 | \$1,123 | \$808 | \$412 | \$7,935 | |

WLIC-160 Inland Construction Tender WPC-154 Fast Response Cutter WTGB-140 Icebreaking Tug WPB-110 Patrol Boat WLI-100 Inland Buoy Tender WLIC-100 Inland Construction Tender WPB-87 Patrol Boat WLIC-75 Inland Construction Tender WLR-75 River Buoy Tender WLI-65 Inland Buoy Tender WLR-65 River Buoy Tender WYTL-65 Small Harbor Tug

| Inside Gove | ernment Rate | ; | | Outside Government Rate (added components) | | | | |
|-------------|--------------|---------|---------|--|---------------------|---------------------|----------|--|
| | | | | Pension | Op & Other Asset | Op & Other Asset | | |
| Direct | Support | G&A | Total | Adjustment | Depreciation | Cost of Cap | Total | |
| \$1,641 | \$1,280 | \$1,610 | \$4,531 | \$849 | \$119 | \$121 | \$5,619 | |
| \$1,904 | \$1,177 | \$1,722 | \$4,803 | \$965 | \$1,161 | \$630 | \$7,560 | |
| \$1,975 | \$925 | \$1,636 | \$4,536 | \$1,054 | \$184 | \$287 | \$6,061 | |
| \$2,580 | \$1,353 | \$1,456 | \$5,389 | \$1,607 | \$153 | \$281 | \$7,430 | |
| \$3,350 | \$2,775 | \$2,428 | \$8,553 | \$1,653 | \$989 | \$135 | \$11,330 | |
| \$3,573 | \$1,611 | \$1,533 | \$6,717 | \$1,738 | \$881 | \$178 | \$9,514 | |
| \$1,199 | \$642 | \$881 | \$2,722 | \$496 | \$214 | \$111 | \$3,543 | |
| \$1,429 | \$671 | \$1,445 | \$3,545 | \$551 | \$140 | \$65 | \$4,301 | |
| \$1,132 | \$517 | \$1,644 | \$3,293 | \$557 | \$303 | \$102 | \$4,255 | |
| \$3,527 | \$2,659 | \$1,388 | \$7,575 | \$1,674 | \$934 | \$474 | \$10,658 | |
| \$2,270 | \$867 | \$1,706 | \$4,843 | \$848 | \$285 | \$172 | \$6,149 | |
| \$2,860 | \$1,056 | \$1,375 | \$5,291 | \$905 | \$198 | \$107 | \$6,501 | |

1. Do not include Depreciation or Cost of Capital when computing rates for the leased C-37. Note:

HOURLY STANDARD RATES FOR PERSONNEL

- 1. <u>Rate Computation</u>. Hourly standard rates for personnel services are based on prevailing annual standard personnel costs related to employee productive hours as reflected in Coast Guard Manpower Requirements Manual, COMDTINST M5310.6 (series). The rates are presented on the following page. Factors representing incurred but unfunded retirement and medical costs are included for customer effort external to the government.
- 2. <u>Rate Application</u>. Personnel rates provided in this Enclosure are a derivative of the Standard Personnel Costs and are intended to be applied to reimbursement sought (in arrears), where the Coast Guard seeks reimbursement for services provided after the fact, or for long-term response events. Average hourly rates for customers inside and outside the government are presented for those situations that require computations on an hourly basis.
 - a. Reimbursements for personnel services that involve extended periods of time (e.g., monthly or yearly) can be found on CG Portal at: https://cg.portal.uscg.mil/units/cg83/CG834/SitePages/CG-834_Costing_Tools.aspx and review the Reimbursable Personnel Cost (RPC) worksheets for the desired fiscal year. If assistance is still needed, please contact Commandant (CG-834) Costing Team for appropriate guidance.
 - b. Of particular note, charges for normal crews are contained within the rates for Aircraft, Boats, and Cutters. Please use standard personnel rates listed below only where additional personnel reimbursement is appropriate.
 - c. Actual costs for travel and per diem, if applicable, must also be included in reimbursement. Use the following link for travel and per diem rates: https://www.defensetravel.dod.mil/site/perdiem.cfm.
 - d. Reimbursable agreements that utilize apportioned reimbursable budget authority should use the RPC tables, which provide calculated costs for reimbursable positions to be included in planned or anticipated Inter/Intra-Agency agreements when the Coast Guard is the Seller agency. The rate table is found on CG Portal at: https://cg.portal.uscg.mil/units/cg83/CG834/SitePages/CG-834 Costing Tools.aspx.

Enclosure (2) to COMDTINST 7310.1V

HOURLY RATES FOR PERSONNEL (\$)

| | In Gov't | Out Gov't | | In Gov't | Out Gov't |
|-------------|-------------|-----------|--------------|----------|-----------|
| | (\$) | (\$) | | (\$) | (\$) |
| Rank | Rate | Rate | <u>Grade</u> | Rate | Rate |
| O-10 | 165 | 244 | ES-00 | 155 | 167 |
| O-9 | 160 | 237 | AL-00 | 140 | 151 |
| O-8 | 148 | 218 | AD-00 | 109 | 118 |
| O-7 | 145 | 214 | GS-15 | 128 | 137 |
| O-6 | 130 | 190 | GS-14 | 111 | 119 |
| O-5 | 115 | 169 | GS-13 | 93 | 100 |
| O-4 | 103 | 150 | GS-12 | 78 | 84 |
| O-3 | 87 | 127 | GS-11 | 69 | 74 |
| O-2 | 73 | 106 | GS-10 | 60 | 65 |
| O-1 | 57 | 82 | GS-09 | 58 | 63 |
| CADET | 24 | 33 | GS-08 | 55 | 59 |
| | | | GS-07 | 49 | 52 |
| W-4 | 91 | 134 | GS-06 | 45 | 48 |
| W-3 | 84 | 123 | GS-05 | 41 | 44 |
| W-2 | 79 | 116 | GS-04 | 39 | 42 |
| | | | GS-03 | 32 | 35 |
| E-10 | 109 | 161 | | | |
| E-9 | 88 | 129 | WG-15 | 66 | 71 |
| E-8 | 78 | 113 | WG-14 | 64 | 68 |
| E-7 | 71 | 103 | WG-13 | 62 | 66 |
| E-6 | 63 | 92 | WG-12 | 59 | 64 |
| E-5 | 55 | 80 | WG-11 | 57 | 61 |
| E-4 | 46 | 66 | WG-10 | 55 | 59 |
| E-3 | 37 | 53 | WG-09 | 52 | 56 |
| E-2 | 34 | 49 | WG-08 | 50 | 54 |
| E-1 | 25 | 35 | WG-07 | 48 | 51 |
| | | | WG-06 | 45 | 48 |
| | | | WG-05 | 42 | 45 |
| | | | WG-04 | 40 | 43 |
| | | | WG-03 | 37 | 40 |
| | | | WG-02 | 34 | 37 |
| | | | | | |

STANDARD RATES FOR REPLACEMENT OR REPAIR OF DAMAGED AIDS TO NAVIGATION

- 1. <u>Rate Computation</u>. Two possible components may apply when computing a charge for repair or replacement of a damaged or destroyed aid to navigation (ATON). These components are discussed below, however, they do not include vessel, boat, or vehicle time which must be determined separately based upon this Instruction. Additional policy on charges for aids to navigation work is contained in 33 C.F.R. Part 74.
- 2. <u>Rate Application Replacement Costs</u>. For costs associated with replacement of fixed or floating ATON, refer to the price lists located on the Waterways Operations Product Line (WOPL) website at the following URL: https://cg.portal.uscg.mil/units/silc/CE%20Product%20Lines/WW/SitePages/Home.aspx.
 - a. Replacement costs for floating ATON shall consist of the buoy, chain, associated mooring hardware and sinker, signal equipment (to include retro-reflective tape and lettering/numbering), and the related transportation cost.
 - b. Replacement cost for fixed ATON structures shall be the actual cost of construction materials and associated signal equipment. If replacement is accomplished using a contractor, charges should include contract cost, contract management cost (including inspection) and actual cost of government furnished equipment.
 - c. Charges shall include the cost of temporary floating aids until the damaged aid is replaced.
 - d. Replacement costs shall also include government labor and be computed using the personnel rates contained in this Instruction.
- 3. <u>Rate Application Temporary Aids</u>. Charges for temporary aids shall include the actual cost for the retrofit and signal equipment needed to place the aid in the water. After retrieval of the temporary aid, include the cost to place the buoy in ready-for-issue condition.
 - a. Servicing costs vary throughout the Coast Guard and shall be computed locally at the District level by prorating costs based on the buoy type, operational region, and relief period. Costs should then be verified by WOPL. The monthly servicing cost for a steel buoy is computed by dividing overhead cost by the number of months in a relief cycle. If a buoy has a 9-year relief cycle, the overhead cost is divided by 108 months.
 - b. Engage the WOPL for current overhaul costs by buoy type and operational region.
 - c. In applying these computed rates, one month is 16 or more days of use.
 - d. Labor for buoy servicing at CG support facilities shall be computed using personnel rates contained in this Instruction. Labor for buoy servicing at commercial facilities is captured in overhaul costs provided in paragraph 3.a.
- 4. Questions concerning computing charges for damaged aids shall be referred to (primary) WOPL at D05-DG-SILC-WOPL or (secondary) Commandant (CG-NAV-1) at HQS-DG-lst-CG-NAV-1.

HOURLY STANDARD RATES FOR POLLUTION CLEAN-UP EQUIPMENT

- 1. <u>Rate Application</u>. Apply these charges for every full or fractional hour of use, excluding transit time. Make separate charges for:
 - a. Cost of Coast Guard Strike Team personnel operating and/or supervising operations of equipment based on standard rates for personnel, Enclosure (2);
 - b. Cost of Coast Guard Unmanned Aerial System (UAS) requires a Pilot, Observer, and Mission Commander, Enclosure (2);
 - c. Cost of Coast Guard Combat rubber raiding craft (CRRC's) to deploy with a Coxswain and boat crew members, Enclosure (2);
 - d. Actual fuel costs associated with use of equipment including fuel required for transit and sustaining, per Enclosure (5);
 - e. Cost of transporting equipment to and from the job site;
 - f. Actual reimbursement cost when performed by a contractor; and,
 - g. Actual cost to decontaminate equipment following usage. To obtain cost guidance on any other equipment not listed below contact Commandant (CG-MER-1) or Shore Infrastructure Logistics Center (SILC) Waterways Operations Product Line (WOPL).

| Equipment Type | Rate | Equipment Type | Rate |
|---|-------|----------------------------------|-------|
| <u>Systems</u> | | Hydraulic Power Units | |
| Large Pumping System w/ Trailer | \$136 | Deutz Prime Mover | \$22 |
| Viscous Oil Pumping System | \$149 | Highstar Prime Mover | \$30 |
| VOSS Trailered System | \$371 | Generators / Compressors | |
| Inclined Plane DIP600 Skimming System | \$259 | Generac 6.5 KW | \$4 |
| Hazmat Response Trailer (HMRT) | \$296 | Genpro 10.5 KW | \$5 |
| Command & Control Trailer (C2) | \$150 | Honda 4.5 KW | \$3 |
| Inflatable Boom (5 reels) w/ Trailer | \$288 | Honda 5.5 KW | \$3 |
| Level A Trailer/Basic Incident Command Post (BICP) | \$79 | Honda EX 1000 1.0 KW | \$2 |
| Boom Mooring System | \$48 | Honda EB 11000 10.5 KW | \$5 |
| Small Pump System | \$81 | Ingersol-Rand Compressor | \$12 |
| Booms | | Temporary Storage Devices | |
| Fast Sweep Boom | \$38 | CANFLEX Seaslug (12,000 gal) | \$73 |
| Foam Filled Boom (500 ft) | \$25 | CANFLEX Seaslug (25,000 gal) | \$102 |
| Foam Filled Boom, 3 Boxes ea 500 ft w/ Trailer | \$88 | Monitoring Equipment | |
| Inflatable Boom, 48 in (650 ft/1 reel) | \$58 | MultiRAE | \$8 |

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Enclosure (4) to COMDTINST 7310.1V

| <u>Pumps</u> | | AreaRAE | \$13 |
|-----------------------------------|-------|------------------------------|------|
| CCN-150 Pump | \$15 | UltraRAE 3000 | \$13 |
| DOP 160 Pump | \$9 | Dustrak | \$17 |
| DOP 250 Pump | \$14 | Fluorometer | \$13 |
| Non-Submersible Pumps | \$19 | Trailers / Vehicles | |
| Robotics | | 42 ft VOSS Trailer | \$80 |
| FIRSTLOOK 110 | \$24 | 48 ft VOSS Trailer | \$80 |
| PACKBOT 510 | \$123 | All Terrain Vehicle (ATV) | \$15 |
| Skimmers | | Unmanned Aerial System (UAS) | \$18 |
| DESMI 250 Skimmer and Control Std | \$40 | | |
| High Speed Skimmer | \$77 | | |

Note: Spilled Oil Recovery System (SORS) is not listed as a standard rate cost item because it is considered part of the Allowance Equipment List (AEL) for the Juniper Class Buoy Tenders (WLB's). Each SORS consists of two of the following: DEMSI Terminator Weir Skimmer, SORS Control Stand, Hydraulic Hoses, Outrigger Arm, Fast Sweep Boom, and Canflex Bladders. Some of these components are listed above, but not as a complete SORS unit. The standard rate for the WLBs includes the AEL items as part of the rate. For additional information, contact SILC WOPL at 252-331-6000, x3031.

STANDARD RATES FOR VEHICLES

- 1. <u>Rate Computation</u>. Standard rates for vehicles are available from General Services Administration (GSA) at the following web site: http://www.gsa.gov/vehiclerates. These rates represent averages for similar vehicle types from different regions of the country.
- 2. <u>Rate Application</u>. Rates are applied for every full or fractional mile or month of use. These rates can be prorated to a daily rate, if necessary. If the vehicle is a commercial rental or GSA lease, charge actual cost of the rental, if available. Include a charge for personnel if the driver is not attached to another unit (such as Aircraft, Boats, or Cutters) involved in the operation.

Note: The most current GSA vehicle rates apply.

3. For additional information, contact Commandant (CG-834), Costing Team at 202-372-3573.

Enclosure (6) to COMDTINST 7310.1V

STANDARD RATES FOR OUTPATIENT VISITS

- 1. Rate Computation. All medical services provided to authorized beneficiaries in Coast Guard medical facilities are recorded using paper records and electronic healthcare systems (DoD and TRICARE). Personally Identifiable Information (PII) is protected in accordance with DHS Handbook for Safeguarding Sensitive Personally Identifiable Information. Protected Health Information (PHI) is managed in accordance with Health Insurance Portability and Accountability Act of 1996 (HIPAA). Commandant (CG-11) is responsible for management and oversight of the medical records. Commandant (CG-11) is responsible for executing reimbursable agreements with other government agencies. Rates for the exchange of medical goods and services are determined in accordance with 10 U.S.C. § 1085 and 14 U.S.C. § 506. Commandant (CG-832) is responsible for all activities related to recording accounts receivable transactions and reconciling them in the Coast Guard Core Accounting System (CAS). The Coast Guard Finance Center is responsible for invoicing the appropriate uniformed service.
- 2. For further guidance, contact Commandant (CG-832) at HQS-DG-LST-CG-832@uscg.mil or 202-475-5058.

STANDARD RATES FOR CANINE TEAMS

- 1. Expense Reimbursement. The Military Working Dog (MWD) is considered "Government Equipment" for reimbursement of expenses incurred by the handler while performing official travel. When computing standard rates for a canine team's services, the following charges should apply:
 - a. Canine handler based on the standard rates for personnel per Enclosure (2);
 - b. Canine handler cover officer based on rates for personnel per Enclosure (2);
 - c. Transportation cost of a military working dog, with the handler in the cabin, or as cargo; whether included in the handler's fare or when billed separately;
 - d. Standard rate for vehicles per Enclosure (5);
 - e. Parking and Toll fees;
 - f. Air Fare (includes kennel handling fees and additional ticketing fees for military canines);
 - g. Vehicle rental for full-sized rental car, truck, or sport utility vehicle;
 - h. Cleaning fee for rental vehicle when transporting a canine;
 - i. Full locality Per Diem (lodging, meals, and incidentals) for Canine handler and cover officer;
 - j. All lodging fees (cleaning, handling) associated with military canines; and
 - k. All kennel and handling fees at an airport or place of lodging for military canines.
- 2. <u>Application</u>. Reimbursable rates should be applied for official travel only and should include vehicle mileage to and from the team's home base to the requesting authority's site. Kenneling, canine fees, air fare, vehicle rental, and per diem should be charged for missions that require overnight stays outside the team's commuting area.

<u>Note</u>: A MWD is not considered a pet. When calculating reimbursement charges, personnel off-duty time should not be included.

3. For further guidance, contact Commandant (CG-721) at HQS-DG-LST-CG-721@uscg.mil or 202-372-2647.

STANDARD RATES FOR DIVE TEAMS

- 1. <u>Rate Computation</u>. When computing standard rates for a dive team's services, the following charges should apply:
 - a. Each dive team member based on standard rates for personnel, Enclosure (2);
 - b. Standard rate for vehicles, Enclosure (5);
 - c. Vehicle rental;
 - d. Parking and toll fees;
 - e. Air fare;
 - f. Vessel rental;
 - g. Per diem; and
 - h. Dive equipment rental (typically limited to SCUBA bottles).
- 2. <u>Rate Application</u>. Rates should be applied for every full hour of use and should include vehicle mileage to and from the team's home base to the requesting authority's site. Per diem should be charged for missions that require overnight stays outside the team's commuting area. A normal dive team is comprised of six (6) members. More divers may be required based upon mission needs.

Note: When calculating "usage" charges, personnel off-duty time should not be included.

3. For additional information, contact Commandant (CG-7212) at HQS-DG-LST-CG-7212@uscg.mil or 202-372-2575.

STANDARD RATES FOR DEPLOYABLE C51

- 1. <u>Rate Computation</u>. Charges shall be applied for every full or fractional day of use, including transit time for mobile assets and personnel. Separate charges are incurred for:
 - a. Cost of Coast Guard Communications Command (COMMCOM) Deployable and Contingency Communications (DCC) technicians setting up and/or supervising the use of equipment including per diem and lodging expenses, per Enclosure (2).
 - b. Actual fuel costs associated with use of equipment including fuel required for transit and sustaining generator power systems, per Enclosure (5).
 - c. Costs outside of personnel and fuel are as follows:
 - (1) Enhanced Mobile Incident Command Center (eMICP):
 - (a) \$27,960/mo;
 - (b) \$6,524/wk;
 - (c) \$937/day; and,
 - (d) The daily cost to add satellite data and telephony (Voice Over IP) is \$1,423.
 - (2) Mobile Communications Vehicle (MCV):
 - (a) \$27,960/mo;
 - (b) \$6,524/wk;
 - (c) \$937/day; and,
 - (d) The daily cost to add satellite data and telephony (Voice Over IP) is \$1,101.
 - (3) Commercial Satellite Service (Data and Telephony):
 - (a) Deployable Contingency Communications System (DCCS) satellite based Fly-Away kits:
 - 1) \$257/day; 2 Mbps up 512 Kbps down / \$100 activation and \$100 deactivation fee;
 - 2) \$1,799/wk;
 - 3) \$2,570/10 days; and,
 - 4) \$7,710/mo (30 days).

Enclosure (9) to COMDTINST 7310.1V

(b) DRS: No cost associated.

<u>Note</u>: Data and telephony require two separate satellite systems and are billed separately. The billing period resets every (30) days and is per kit.

- (4) Portable SIPRNET Kit (PSK): The Portable SIPRNet Kit will require a satellite connection billed separately per Paragraph 1.c. above. The PSK is typically deployed with one (1) supporting technician. The requesting unit incurs the costs for technician and connectivity.
- (5) Standard rates for personnel apply per Enclosure (2).
- (6) Standard rates for vehicles apply per Enclosure (5).

<u>Note</u>: All DCC assets use diesel fuel, which is estimated using prevailing market rates. A minimum of four (4) personnel will accompany the eMICP and MCV. Depending on the dynamics of the mission, more personnel may be assigned as necessary by COMMCOM.

2. To obtain a complete cost analysis for use of the Deployable C5I assets/equipment, contact the LANTAREA Deployable C5I Asset Manager at (757) 398-6330 or COMMCOM at COM-SMB-Watch@uscg.mil or at (757) 421-6240. COMMCOM can fund most Coast Guard internal requests. Requesting commands will be aware of all charges prior to final approval/authorization and deployment of resources.

EXHIBIT I

Case 1:23-mj-00230-RSK ECF No. 20-1, PageID.278 Filed 03/27/24 Page 40 of 74

TV0001ARFQ (TANUM0001QH0R)

Primary Traveler LOGAN BAHM (ID 40250313P)

Document Type Voucher Trip By Trip Type Code Organization Total Cost 1,591.89 Current Status CREATED

Next Status VOUCHER SIGNED

Travel Dates 02/04/2024 - 02/09/2024 Trip Name SLBE Case Grand Rapids

Per Diem Locations BOZEMAN, MT / GRAND RAPIDS, MI / BOZEMAN, MT

Document Details Traveler's case is being summoned for trial at Grand Rapids, MI. Flight Traveers case is being summoned for that at Grano Kapiss, M. Flight on 25 to allow preparation for court on 27 and return flight 28. One night stays in BZN before early morning flight and late night arrival on 28 to stay within TDY policy with combining work and travel days under 12 hours. SLBE will cover all expenses GDV snowmobile from GIF athirth duty station to West Yellowstone. POV option chosen at reduced reimbursement rate. Economy Parking BZN x4 days \$40 and Baggage Fees for 1 bag \$55. Hotel zeroed out 2/5-2/8 due to staying with relative. Tax refund receipts combined with original lodging receipts. Traveler charged parking on 2/4 with lodging. Email Correspondence attached.

Traveler Profile

BAHM, LOGAN REID TrID 40250313P Title

Security CI

PO BOX 168 YELLOWSTON NATIONAL PARK, WY 82190

Office Phone 307-690-0814 Home Address

ID 1001559553 Organization DOIPNPSIM **Duty Station** EMAIL LOGAN_BAHM@NPS.GOV Cell Phone

Alternate Phone

Trip Details

Document Information

Traveler's case is being summoned for trial at Grand Rapids, MI. Flight on 2/5 to allow preparation for court on 277 and return flight 28. One night stays in BZN before early morning flight and late night arrival on 28 to stay within TDY policy with combining work and rave days under 12 hours. SLBE will cover all expenses. GOV snowmobile from Old Faithful duty station to West Yellowstone. expenses. GuV snowmobile from Old Faithful duty station to West Yellowstone. POV option chosen at reduced reimbursement rate. Economy Parking BZN x4 days \$40 and Baggage Fees for 1 bag \$35. Hotel zeroed out 275-278 due to staying with relative. Tax refund receipts combined with original lodging receipts. Traveler charged parking on 2/4 with lodging. Email Correspondence attached.

Itinerary Location

| From | То | Itinerary Location | Purpose | Per Diem Rates |
|----------|----------|--------------------|---------------------|----------------|
| 02/04/24 | 02/05/24 | BOZEMAN, MT | Mission Operational | 171.00 / 79.00 |
| 02/05/24 | 02/08/24 | GRAND RAPIDS, MI | Mission Operational | 117.00 / 64.00 |
| 02/08/24 | 02/09/24 | BOZEMAN, MT | Mission Operational | 171.00 / 79.00 |

Document Totals

Total Expenses 1,591.89 Advance Requested 0.00 Reimbursable Expenses 427.72 Net to Traveler 427.72 Non-Reimbursable Expenses 1,164.17 Net to Government 1,164.17 Pay to Charge Card 0.00

Document Totals by Expense Category

| Expense Category | Cost | Advance Amount |
|----------------------|----------|----------------|
| Com. Carrier | 671.20 | 0.00 |
| Excess Air/Bag Fees | 70 00 | 0 00 |
| Lodging Taxes & Misc | 14.00 | 0.00 |
| Lodging-PerDiem | 342.00 | 0.00 |
| M&IE-PerDiem | 389.50 | 0.00 |
| Mileage | 38.22 | 0.00 |
| Transaction Fees | 12.47 | 0.00 |
| Transportation | 40.00 | 0.00 |
| Transxn Fees | 14.50 | 0.00 |
| Total Expenses | 1,591.89 | 0.00 |

Reservations Summary

| Reservation Type | Vendor | Ticket# | Location | Cost |
|------------------|--------|------------|----------|--------|
| COMM-CARR | United | 1008685459 | | 671.20 |
| COMM-CARR | United | 1008685459 | | 0.00 |
| COMM-CARR | United | 1008685459 | | 0.00 |
| COMM-CARR | United | 1008685459 | | 0.00 |

Case 1:23-mj-00230-RSK ECF No. 20-1, PageID.279 Filed 03/27/24 Page 41 of 74

Trip Itinerary
From BZN-Bozeman, MT (USA)

To DEN-Denver, CO (USA) (Denver IntL. Apt)

Monday February 05, 2024

BZN-Bozeman, MT (USA) to DEN-Denver, CO (USA) (De Feb 05 United 491 Denver, CO (USA) (Denver IntL. Apt) 02/05/2024 8:57AM Confirmation Number

Flight Information Distance 524 miles No Seat Assigned

DEN-Denver, CO (USA) (De to GRR-Grand Rapids, MI (US

Feb 05 United 2637

Grand Rapids, MI (USA) 02/05/2024 2:35PM Confirmation Number

Flight Information Distance 1012 miles No Seat Assigned

Thursday February 08, 2024

GRR Grand Rapid , MI (US to DEN Denver, CO (USA) (De Feb 08 Denver, CO (USA) (Denver Intl. Apt) 02/08/2024 4:45PM Confirmation Number

Flight Information Distance 1012 miles No Seat Assigned

DEN-Denver, CO (USA) (De to BZN-Bozeman, MT (USA)

United 778
Bozeman, MT (USA) 02/08/2024 9:19PM
Confirmation Number

Flight Information Distance 524 miles No Seat Assigned

Duration 1 Hour 57 Minutes Nonstop Denver, CO (USA) (Denver IntL. Apt) 02/05/2024 8:57AM

Emissions 341.4 lbs of CO2 Cost 671.20 USD

Duration 2 Hours 30 Minutes Nonstop

Grand Rapids, MI (USA) 02/05/2024 2:35PM

Emissions 659.3 lbs of CO2

Duration 3 Hours 5 Minutes Nonstop Denver, CO (USA) (Denver IntL. Apt) 02/08/2024 4:45PM

Emissions 659.3 lbs of CO2

Duration 1 Hour 53 Minutes Nonstop Bozeman, MT (USA) 02/08/2024 9:19PM

Emissions 341.4 lbs of CO2

Expenses

Feb 08

| Date | Description | Category | Cost | Pay Method | Per Diem |
|------------|--|----------------------|--------|--------------|----------|
| 02/01/2024 | Travel Fee | Transaction Fees | 12.47 | GOVCC-C | |
| | Comment: OTRS Domestic-Intl w-Air-Rail | | | | |
| 02/04/2024 | Lodging/Hotel Taxes | Lodging Taxes & Misc | 2.00 | GOVCC-C | |
| 02/04/2024 | Lodging/Hotel Fees | Lodging Taxes & Misc | 10.00 | GOVCC-C | |
| | Comment: parking | | | | |
| 02/04/2024 | Lodging/Hotel Charge | Lodging-PerDiem | 171.00 | GOVCC-C | Yes |
| 02/04/2024 | M&IE | M&IE-PerDiem | 59.25 | REIMBURSABLE | Yes |
| 02/04/2024 | POV When Govt Vhcle Avail | Mileage | 38.22 | REIMBURSABLE | |
| | Comment: Roundtrip mileage to Airport from West Yellowstone, MT. | | | | |
| 02/05/2024 | Commercial Airfare | Com. Carrier | 671.20 | GOVCC-C | |
| 02/05/2024 | Baggage Expenses | Excess Air/Bag Fees | 35.00 | GOVCC-C | |
| 02/05/2024 | Lodging/Hotel Charge | Lodging-PerDiem | 0.00 | GOVCC-C | Yes |
| 02/05/2024 | M&IE | M&IE-PerDiem | 64.00 | REIMBURSABLE | Yes |
| 02/06/2024 | Lodging/Hotel Charge | Lodging-PerDiem | 0.00 | GOVCC-C | Yes |
| 02/06/2024 | M&IE | M&IE-PerDiem | 64.00 | REIMBURSABLE | Yes |
| 02/07/2024 | Lodging/Hotel Charge | Lodging-PerDiem | 0.00 | GOVCC-C | Yes |
| 02/07/2024 | M&IE | M&IE-PerDiem | 64.00 | REIMBURSABLE | Yes |
| 02/08/2024 | Baggage Expenses | Excess Air/Bag Fees | 35.00 | GOVCC-C | |
| 02/08/2024 | Lodging/Hotel Taxes | Lodging Taxes & Misc | 2.00 | GOVCC-C | |
| 02/08/2024 | Lodging/Hotel Charge | Lodging-PerDiem | 171.00 | GOVCC-C | Yes |
| 02/08/2024 | M&IE | M&IE-PerDiem | 79.00 | REIMBURSABLE | Yes |
| 02/08/2024 | Parking Expense | Transportation | 40.00 | GOVCC-C | |
| 02/09/2024 | M&IE | M&IE-PerDiem | 59.25 | REIMBURSABLE | Yes |
| 02/18/2024 | TDY Voucher Fee | Transxn Fees | 14.50 | GOVCC-C | |
| | | | | | |

Total Non-Per Diem Expenses 860.39 Total Per Diem Expenses 731.50

Per Diem Allowances

| Date | Rate | Ldg Cost | | M&IE Cost | M&IE Allowed B | L | D | | Conf% |
|------------|---------------|-------------|--------|--------------|-------------------|-------------------|----------|---|-------|
| 02/04/2024 | 171.00/ 79.00 | 171.00 | 171.00 | 59.25 | 59.25 | | | | |
| 02/05/2024 | 117.00/ 64.00 | 0.00 | 0.00 | 64.00 | 64.00 | | | | |
| 02/06/2024 | 117.00/ 64.00 | 0.00 | 0.00 | 64.00 | 64.00 | | | | |
| 02/07/2024 | 117.00/ 64.00 | 0.00 | 0.00 | 64.00 | 64.00 | | | | |
| 02/08/2024 | 171.00/ 79.00 | 171.00 | 171.00 | 79.00 | 79.00 | | | | |
| 02/09/2024 | 171.00/ 79.00 | 0.00 | 0.00 | 59.25 | 59.25 | • | | • | |
| - | | | | | | Total Per Diem Al | lowances | | 731 5 |

Payment Detail Information

| Organization | Label | Accounting String | Payment Method | Amount |
|--------------|-------|---------------------------------------|----------------|----------|
| DOI | SLBE | PPMWSLBELO///244/PPMPRLE1Z.Y00000//// | GOVCC-C | 1,164.17 |
| DOI | SLBE | PPMWSLBELO///244/PPMPRLE1Z.Y00000//// | REIMBURSABLE | 427.72 |

Totals by Accounting Label

| Organization | Label | Accounting String | Amount |
|--------------|-------|---------------------------------------|----------|
| DOI | SLBE | PPMWSLBELO///244/PPMPRLE1Z.Y00000//// | 1,591.89 |

Case 1:23-mj-00230-RSK ECF No. 20-1, PageID.280 Filed 03/27/24 Page 42 of 74

| Payment Method | | | | | Amount |
|--|--|-------------------------------|---|--|---|
| GOVCC-C | | | | | 1,164.17 |
| REIMBURSABLE | | | | | 427.72 |
| | | | | | |
| | | | | | |
| Account Summary | Org DOI | | Accounting Code | PPMWSLBELO///244/PPMPRLE1Z.Y00000//// | |
| | Acct Label SLBE | | Accounting Code | FFWWSLBELOW244/FFWFRLE12.100000/// | |
| Expense Category | | Fiscal \ | Yoar | | Amount |
| Com. Carrier | | 24 | | | 671.20 |
| Excess Air/Bag Fees | | 24 | | | 70.00 |
| Lodging Taxes & Misc | | 24 | | | 14.00 |
| Lodging-PerDiem | | 24 | | | 342.00 |
| M&IE-PerDiem | | 24 | | | 389.50 |
| Mileage | | 24 | | | 38.22 |
| Transaction Fees | | 24 | | | 12.47 |
| Transportation | | 24 | | | 40.00 |
| Transxn Fees | | 24 | | | 14.50 |
| | | | nting Code Total | | 1,591.89 |
| - | | | <u> </u> | | · · · · · · · · · · · · · · · · · · · |
| | | | Total | | 1,591.89 |
| | | | Iotal | | 1,001.00 |
| Attachments | | | | | |
| | | | | Helendad Timentone | |
| Attachment File Name | | | | Uploaded Timestamp | |
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LAZ Parking Economy Lot B 850 Gallatin Field Rd Belgrade, Montana 59714

Date: 9:44 PM 08 Feb 2024

Receipt #: 437250212

Ticket #: 10085789

Arrived: 5:57 AM 05 Feb 2024

Departed: 9:44 PM 08 Feb 2024

Total Duration: 3 days 15 hrs 46 mins

Parking Fee: \$40.00

Tax \$0.00

Total: \$40.00

Payment Method: Visa 1915





LOGAN BAHM

Page Number : 1

Guest Number : 264942

Folio ID : A

Arrive Date : 04-FEB-24 18:23

Depart Date : 05-FEB-24 05:29

No. Of Guest : 1 Room Number : 507

Marriott Bonvoy Number:

Element Bozeman FEB-05-2024 05:40 BETZAIDA

| Date | Reference | Description | | | Charges (USD) | Credits (USD) |
|-----------|-----------------|-------------------|-------------|------------|---------------|---------------|
| 04-FEB-24 | RT507 | Room Chrg - S | pecial Corp | | 171.00 | |
| 04-FEB-24 | RT507 | State Tax | | | 13.68 | |
| 04-FEB-24 | RT507 | City/Local Tax | | | 2.00 | |
| 04-FEB-24 | RT507 | Parking | | | 10.00 | |
| 05-FEB-24 | VI | Visa-1915 | | | | -196.68 |
| | ***For Authoriz | zation Purpose Or | าly*** | | | |
| | xxxxxx1915 | | | | | |
| | Date | Time | Code | Authorized | | |
| | 04-FEB-24 | 18:23 | 066190 | 188.10 | | |
| | 04-FEB-24 | 02:11:00 | 009735 | 75.00 | | |

Approve EMV Receipt for VI - 1915: PIN Verified
IAD:06011203A0E002 TVR:0080048000 AID:A0000000031010
AID:A0000000031010 Application Label:CITI VISA TSI:E800
ARC:00 CHIP READ

** Total 196.68 -196.68 *** Balance 0.00



LOGAN BAHM

Page Number : 2 Guest Number : 264942

Folio ID : A

Arrive Date : 04-FEB-24 18:23

Depart Date : 05-FEB-24 05:29

No. Of Guest : 1 Room Number : 507

I agreed to pay all room & incidental charges.

The state of the s

Tell us about your stay. www.element.com/reviews

EXPENSE SUMMARY REPORT

Currency: USD

| Date | Room & Tax | Food & Bev | Telecom | Other | Total | Payment |
|------------|------------|------------|---------|--------|--------|---------|
| 02-04-2024 | 0.00 | 0.00 | 0.00 | 196.68 | 196.68 | 0.00 |
| 02-05-2024 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | -196.68 |
| | | | | | | |
| Total | 0.00 | 0.00 | 0.00 | 196.68 | 196.68 | -196.68 |



LOGAN BAHM

Page Number : 1
Guest Number : 264943
Folio ID : A

Arrive Date : 08-FEB-24 22:42

Depart Date : 09-FEB-24 04:30

No. Of Guest : 1 Room Number : 405 Marriott Bonvoy Number : 0318

Element Bozeman FEB-09-2024 04:40 BETZAIDA

| Date | Reference | Description | | | Charges (USD) | Credits (USD) |
|-----------|-------------|----------------|--------------|----------------|---------------|---------------|
| 08-FEB-24 | RT405 | Room Chrg - | Special Corp | | 171.00 | |
| 08-FEB-24 | RT405 | State Tax | | | 13.68 | |
| 08-FEB-24 | RT405 | City/Local Ta | x | | 2.00 | |
| 09-FEB-24 | VI | Visa-1915 | | | | -186.68 |
| | | zation Purpose | Only*** | | | |
| | xxxxxxx1915 | Time | Cada | A the exist of | | |
| | Date | Time | Code | Authorized | | |
| | 08-FEB-24 | 22:42 | 036244 | 188.10 | | |
| | | | | | 400.00 | 100.00 |
| | | | Total | | 186.68 | -186.68 |
| | | *** | Balance | | 0.00 | |

I agreed to pay all room & incidental charges.

2-792-

Tell us about your stay. www.element.com/reviews

Continued on the next page

LOGAN BAHM



Page Number : 2
Guest Number : 264943
Folio ID : A

Arrive Date : 08-FEB-24 22:42

Depart Date : 09-FEB-24 04:30

No. Of Guest : 1 Room Number : 405 Marriott Bonvoy Number : 0318

EXPENSE SUMMARY REPORT

Currency: USD

| Date | Room & Tax | Food & Bev | Telecom | Other | Total | Payment |
|------------|------------|------------|---------|--------|--------|---------|
| 02-08-2024 | 0.00 | 0.00 | 0.00 | 186.68 | 186.68 | 0.00 |
| 02-09-2024 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | -186.68 |
| | | | | | | |
| Total | 0.00 | 0.00 | 0.00 | 186.68 | 186.68 | -186.68 |

[EXTERNAL] eTicket Itinerary and Receipt for Confirmation CSSDDL

United Airlines < Receipts@united.com>

Thu 2/8/2024 2:39 PM

To:Bahm, Logan R < logan_bahm@nps.gov>

This email has been received from outside of DOI - Use caution before clicking on links, opening attachments, or responding.



Thu, Feb 08, 2024

Thank you for choosing United.

A receipt of your purchase is shown below. Please retain this email receipt for your records.

Get ready for your trip: <u>Visit the Travel-Ready Center</u>, your one-stop digital assistant, to find out about important travel requirements specific to your trip.

Confirmation Number:

CSSDDL

Flight 1 of 2 UA1792

Class: United Economy (Y)

Mon, Feb 05, 2024

Mon, Feb 05, 2024

11:08 AM

05:23 PM

Bozeman, MT, US (BZN)

New York/Newark, NJ, US (EWR)

Flight 2 of 2 UA3476

Class: United Economy (Y)

Mon, Feb 05, 2024

Mon, Feb 05, 2024

08:29 PM

10:56 PM

New York/Newark, NJ, US (EWR)

Grand Rapids, MI, US (GRR)

Flight Operated by REPUBLIC AIRWAYS DBA UNITED EXPRESS.

Traveler Details

BAHM/LOGANR

eTicket number: 0162362358411 Seats: BZN-EWR -----

EWR-GRR -----

First Checked Bag (0164273860790) BZN-GRR

| Purchase Summary |
|------------------|
|------------------|

Method of payment: Miscellaneous Document

Visa ending in 1915

Date of purchase: Mon, Feb 05, 2024

 Airfare:
 578.60

 U.S. Transportation Tax:
 43.40

 U.S. Flight Segment Tax:
 20.00

 September 11th Security Fee:
 11.20

 U.S. Passenger Facility Charge:
 18.00

Total Per Passenger: 671.20 USD

Total: 671.20 USD

Additional Purchase Summary

Method of payment: Visa ending in 1915
Date of purchase: Mon, Feb 05, 2024

First Checked Bag (Reference Number: 0164273860790): 35.00

Total: 35.00 USD

Payment Info

Remaining value of your previous ticket numbers 0167042409011 was applied to this purchase.

Fare Rules

Additional charges may apply for changes in addition to any fare rules listed.

INVOL;REFUNDABLE/

Important Information about MileagePlus Earning

- Accruals vary based on the terms and conditions of the traveler's frequent flyer program, frequent flyer status, and the selected itinerary. United MileagePlus® mileage accrual is subject to the rules of the MileagePlus program. Once travel has started, accruals will no longer display. You can always view your MileagePlus account for posted accrual.
- You can earn up to 75,000 award miles per ticket. The 75,000 award miles cap may be applied to your posted flight activity in an order different than shown. Accrual is only displayed for MileagePlus members who choose to accrue to their MileagePlus account.

eTicket Reminders

• Check-in Requirement - Bags must be checked and boarding passes obtained at least 45 minutes prior to scheduled departure. Baggage will not be accepted and advance seat assignments may be cancelled if this condition is not met.

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EXCEPTION: When departing from Anchorage, Atlanta, Austin, Baltimore, Chicago, Cincinnati, Cleveland, Dallas/Ft. Worth, Denver, Detroit, Fort Lauderdale, Greenville-Spartanburg, Guam, Honolulu, Houston, Indianapolis, Jacksonville, Kona, Las Vegas, Los Angeles, Maui, Miami, New York (LGA), Newark, Orange County (SNA), Orlando, Philadelphia, Phoenix, Pittsburgh, Raleigh/Durham, Reno, San Diego, San Francisco, San Juan, PR (60 minutes), Savannah, Seattle, St. Louis, St. Thomas, U.S. Virgin Islands (60 minutes), Tampa, Washington, DC (both IAD and DCA), the check in requirement time for Passengers and Bags is 45 minutes except where noted.

- **Boarding Requirement** Passengers must be prepared to board at the departure gate with their boarding pass at least 15 minutes prior to scheduled departure.
- Failure to meet the **Boarding Requirements** may result in cancellation of reservations, denied boarding, removal of checked baggage from the aircraft and loss of eligibility for denied boarding compensation.
- Bring your boarding pass or this eTicket Receipt along with photo identification to the airport.
- The FAA now restricts carry-on baggage to one bag plus one personal item (purse, briefcase, laptop computer, etc.) per passenger. The fare rules for your ticket may restrict your carry-on baggage allowance even further.
- For up to the minute flight information, sign-up for our Flight Status Updates or call 1-800-824-6200; in Spanish 1-800-426-5561.
- If flight segments are not flown in order, your reservation will be cancelled. Rebooking will be subject to the fare rules governing your ticket.
- For the most current status of your reservation, go to our <u>Flight Status</u> page.
- · Your eTicket is non transferable and valid for 1 year from the issue date unless otherwise noted in the fare rules.

Data Protection Notice

Your personal data will be processed in accordance with the applicable carrier's privacy policy and if your booking is made via a reservation system provider ("GDS"), with its privacy policy. These are available at http://www.iatatravelcenter.com/privacy or from the carrier or GDS directly. You should read this documentation, which applies to your booking and specifies, for example, how your personal data is collected, stored, used, disclosed and transferred

Customer Care Contact Information

We welcome your compliments, comments or complaints regarding United or a United travel experience. You may contact us using our Customer Care form

Hazardous materials

Federal law forbids the carriage of hazardous materials on board aircraft in your luggage or on your person. A violation can result in five years' imprisonment and penalties of \$250,000 or more (49 U.S.C. 5124). Hazardous materials include explosives, compressed gases, flammable liquids and solids, oxidizers, poisons, corrosives and radioactive materials. Common examples of hazardous materials/dangerous goods include spare or loose lithium batteries, fireworks, strike-anywhere matches, aerosols, pesticides, bleach and corrosive materials. Additional information can be found on:

united.com restricted items page
FAA website Pack Safe page
TSA website Prohibited Items page

Refunds Within 24 Hours

When you book and ticket a reservation through united.com, the United mobile app, the United Customer Contact Center, at our ticket counters or city ticket offices, or if you use MileagePlus® miles to book an award ticket, we will allow you to cancel the ticketed reservation without penalty and receive a 100 percent refund of the ticket price to the original form of payment if you cancel the reservation within 24 hours of purchase and if the reservation is made one week or more prior to scheduled flight departure.

Disinsection Notice

Certain countries require that the passenger cabins of aircraft be treated with insecticides. For additional information and a list of those countries, please visit the <u>U.S. Department of Transportation's disinsection website.</u>

IMPORTANT CONSUMER NOTICES

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Changes/Cancellations - Most tickets, other than Basic Economy tickets or those for travel originating outside the United States, other than for travel between the United States and Mexico or the Caribbean, may be changed to a different itinerary, or cancelled and the value of the ticket retained so that it can be applied to a new ticket, without a change fee. Such change or cancellation must be made prior to the scheduled departure time. Travelers making changes will be responsible for the fare difference if the new itinerary has a higher fare than the original ticketed itinerary. Regarding non-refundable tickets, if the new itinerary has a lower fare than the original ticketed itinerary, changes can be made without charge, but the traveler is not entitled to any residual value. United may, in its sole discretion, provide partial or full residual credit under certain circumstances. A change fee may apply for changes or cancellations made to tickets for travel originating outside the United States, other than for travel between the United States and Mexico or the Caribbean. Policies concerning your ability to make reservation changes and cancellations and any fees associated with such changes can be found at Important travel notices | United Airlines.

Notice of Baggage Liability Limitations - For domestic travel between points within the United States (except for domestic portions of international journeys), United's liability for loss of, damage to, or delay in delivery of a customer's checked baggage is limited to \$3,800 per ticketed customer unless a higher value is declared in advance and additional charges are paid (not applicable to wheelchairs or other assistive devices). For such travel, United assumes no liability for high value, fragile, perishable, or otherwise excluded items; excess valuation may not be declared on certain types of valuable articles. Further information may be obtained from the carrier. For international travel governed by the Warsaw Convention (including the domestic portions of the trip), maximum liability is approximately 640 USD per bag for checked baggage, and 400 USD per passenger for unchecked baggage. For international travel governed by the Montreal Convention (including the domestic portions of the trip), maximum liability is 1,288 SDRs per passenger for baggage, whether checked or unchecked. For baggage lost, delayed, or damaged in connection with domestic travel, United requires that customers provide preliminary notice within 24 hours after arrival of the flight on which the baggage was or was to be transported and submit a written claim within 45 days of the flight. For baggage damaged or delayed in connection with most international travel (including domestic portions of international journeys), the Montreal Convention and United require customers to provide carriers written notice as follows: (a) for damaged baggage, within seven days from the date of receipt of the damaged baggage; (b) for delayed baggage, within 21 days from the date the baggage should have been returned to the customer. Please refer to Rule 28 of United's Contract of Carriage for important information relating to baggage and other limitations of liability.

Notice of Incorporated Terms - Transportation is subject to the terms and conditions of United's Contract of Carriage, which are incorporated herein by reference. Incorporated terms may include, but are not limited to: 1. Limits on liability for personal injury or death of the customer, and for loss, damage, or delay of goods and baggage, including high value, fragile, perishable, or otherwise excluded items. 2. Claims restrictions, including time periods within which customers must file a claim or bring an action against the carrier. 3. Rights of the carrier to change terms of the contract. 4. Rules about reconfirmation of reservations, check-in times, and refusal to carry. 5. Rights of the carrier and limits on liability for delay or failure to perform service, including schedule changes, substitution of an alternate air carrier or aircraft, and rerouting. The full text of United's Contract of Carriage is available at united.com or you may request a copy at any United ticket counter. Passengers have the right, upon request at any location where United's tickets are sold within the United States, to receive free of charge by mail or other delivery service the full text of United's Contract of Carriage.

Notice of Certain Terms - If you have purchased a restricted ticket, depending on the rules applicable to the fare paid, one or more restrictions including, but not limited to, the following may apply to your travel: (1) the ticket may not be refundable but can be exchanged for a fee for another restricted fare ticket meeting all the rules/restrictions of the original ticket (including the payment of any difference in fares); (2) a fee may apply for changing/canceling reservations; or (3) select tickets may not be eligible for refunds or changes even for a fee; (4) select tickets have no residual value and cannot be applied towards the purchase of future travel; or (5) travel may be restricted to specific flights and/ or times and a minimum and/or maximum stay may be required. United reserves the right to refuse carriage to any person who has acquired a ticket in violation of any United tariffs, rules, or regulations, or in violation of any applicable national, federal, state, or local law, order, regulation, or ordinance. Notwithstanding the foregoing, you are entitled to a full refund if you cancel a ticket purchased at least a week prior to departure within 24 hours of purchase.

Notice of Boarding Times - For Domestic flights, customers must be at the boarding gate at least 15 minutes prior to scheduled departure. For International flights, customers must be at the boarding gate at least 30 minutes prior to scheduled departure. The time limits provided by United in this Notice are minimum time requirements. Customer and baggage processing times may differ from

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airport to airport. Please visit united.com for information regarding airport-specific boarding times. It is the customer's responsibility to arrive at the airport with enough time to complete check-in, baggage, and security screening processes within these minimum time limits. Please be sure to check flight information monitors for the correct boarding gate and the departure time of your flight. Failure to be at the boarding gate by the required time could result in the loss of your seat without compensation, regardless of whether you are already checked in or have a confirmed seat and boarding pass.

Advice to International Passengers on Carrier Liability - Passengers on a journey involving an ultimate destination or a stop in a country other than the country of departure are advised that international treaties known as the Montreal Convention, or its predecessor, the Warsaw Convention, including its amendments, may apply to the entire journey, including any portion thereof within a country. For such passengers, the treaty, including contracts of carriage embodied in applicable tariffs, governs, and may limit the liability of the Carrier in respect of death or injury to passengers, and for destruction or loss of, or damage to, baggage, and for delay of passengers and baggage.

Notice - Overbooking of Flights - Airline flights may be overbooked, and there is a slight chance that a seat will not be available on a flight for which a person has a confirmed reservation. If the flight is overbooked, no one will be denied a seat until airline personnel first ask for volunteers willing to give up their reservation in exchange for compensation of the airline's choosing. If there are not enough volunteers, the airline will deny boarding to other persons in accordance with its particular boarding priority. With few exceptions, including failure to comply with the carrier's check-in deadlines, which are available upon request from the air carrier, persons, denied boarding involuntarily are entitled to compensation. The complete rules for the payment of compensation and each airline's boarding priorities are available at all airport ticket counters and boarding locations. Some airlines do not apply these consumer protections to travel from some foreign countries, although other consumer protections may be available. Check with your airline or your travel agent.



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Thu, Feb 08, 2024

Thank you for choosing United.

A receipt of your purchase is shown below. Please retain this email receipt for your records.

Flight 1 of 2 UA2171

Thu, Feb 08, 2024 Grand Rapids, MI, US (GRR) Thu, Feb 08, 2024 Denver, CO, US (DEN)

Flight 2 of 2 UA778

Thu, Feb 08, 2024 Denver, CO, US (DEN) Thu, Feb 08, 2024 Bozeman, MT, US (BZN)

Traveler Details

BAHM/LOGANR First Checked Bag (0164274722218) eTicket number: 0167042409011

GRR-BZN

Purchase Summary

Method of payment: Date of purchase:

Visa ending in 1915 Thu, Feb 08, 2024

First Checked Bag (Reference Number: 0164274722218):

Total: 35.00 USD



Wherever you venture this season, we'll get you there seamlessly.

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EXHIBIT J

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TV0001ANT9 (TANUM0001QGG3)



Primary Traveler SCOTT DEKKERS (ID 40118458P)

Document Type Voucher

Type Code Trip By Trip
Organization DOIPNPSMW

Travel Dates 02/06/2024 - 02/08/2024

Trip Name Hotel Reservation at JW MARRIOTT

Mission Operational

GRAND RAPIDS, 235 LOUIS ST NW,

GRAND RAPIDS, MI 49503, USA
ncy USD

Currency

Purpose

Total Cost 521.18

Current Status PAID

Next Status

Per Diem Locations

GRAND RAPIDS, MI

Document Details Criminal Trial

Traveler Profile

Name DEKKERS, SCOTT A

TrID 40118458P

Title

Security CI

Office Address 9922 Front Street

Empire, MI 49630

Office Phone 231-326-4822

Home Address

ID 1000079583

Organization DOIPNPSMW

Duty Station Empire, MI

Card CARD HOLDER

EMAIL SCOTT_DEKKERS@NPS.GOV

Cell Phone

Home Phone

Alternate Phone

Trip Details

Document Information

Purpose Criminal Trial

Itinerary Locations

| From | 10 | Itinerary Location | Purpose | Per Diem Rates |
|----------|----------|--------------------|---------------------|----------------|
| 02/06/24 | 02/08/24 | GRAND RAPIDS, MI | Mission Operational | 117.00 / 64.00 |

Document Totals

Total Expenses521.18Advance0.00Reimbursable160.00Requested

 Expenses
 Net to Traveler
 160.00

 Non-Reimbursable
 361.18
 Net to
 361.18

Expenses Government

Pay to Charge 0.00

Card

Document Totals by Expense Category

| Expense Category | Cost | Advance Amount |
|----------------------|--------|----------------|
| Lodging Taxes & Misc | 21.06 | 0.00 |
| Lodging-PerDiem | 234.00 | 0.00 |
| M&IE-PerDiem | 160.00 | 0.00 |
| Transaction Fees | 9.62 | 0.00 |
| Transportation | 82.00 | 0.00 |
| Transxn Fees | 14.50 | 0.00 |
| Total Expenses | 521.18 | 0.00 |

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Reservations Summary

| Reservation Type | Vendor | Ticket# | Location | Cost |
|------------------|----------|------------|-----------------|--------|
| LODGE | Marriott | 1008682662 | Grand Rapids,MI | 234.00 |

Expenses

| Date | Description | Category | Cost | Pay Method | Per Diem | |
|------------|--|---------------------------------------|---------|---------------------------------|-------------|--|
| 01/24/2024 | Travel Fee | Transaction Fees | 9.62 | GOVCC-C | | |
| | Comment: OTRS Domestic-Intl w-o Air-Rail_ | Lodging and-or Car Only_ | | | | |
| 02/06/2024 | Lodging/Hotel Taxes | Lodging Taxes & Misc | 4.68 | GOVCC-C | | |
| 02/06/2024 | Lodging/Hotel Taxes | Lodging Taxes & Misc | 5.85 | GOVCC-C | | |
| 02/06/2024 | Lodging/Hotel Charge | Lodging-PerDiem | 117.00 | GOVCC-C | Yes | |
| | Comment: Conf Num: 92323635 \$MC\$ Cmt: | CANCEL PERMITTED UP TO 02 DAYS BEFORE | RE ARRI | VAL. 134.55 CANCEL FEE PER ROOM | | |
| 02/06/2024 | M&IE | M&IE-PerDiem | 48.00 | REIMBURSABLE | Yes | |
| 02/06/2024 | GOV Ground | Transportation | 0.00 | GOVCC-C | | |
| 02/06/2024 | Parking Expense | Transportation | 41,00 | GOVCC-C | | |
| 02/07/2024 | Lodging/Hotel Taxes | Lodging Taxes & Misc | 5.85 | GOVCC-C | | |
| 02/07/2024 | Lodging/Hotel Taxes | Lodging Taxes & Misc | 4.68 | GOVCC-C | | |
| 02/07/2024 | Lodging/Hotel Charge | Lodging-PerDiem | 117.00 | GOVCC-C | Yes | |
| | Comment: Conf Num: 92323635 \$MC\$ Cmt: CANCEL PERMITTED UP TO 02 DAYS BEFORE ARRIVAL. 134.55 CANCEL FEE PER ROOM. | | | | | |
| 02/07/2024 | M&IE | M&IE-PerDiem | 64,00 | REIMBURSABLE | Yes | |
| 02/07/2024 | GOV Ground | Transportation | 0.00 | GOVCC-C | | |
| 02/07/2024 | Parking Expense | Transportation | 41.00 | GOVCC-C | | |
| 02/08/2024 | M&IE | M&IE-PerDiem | 48.00 | REIMBURSABLE | Yes | |
| 02/08/2024 | GOV Ground | Transportation 0.00 GOVCC-C | | GOVCC-C | | |
| 02/08/2024 | TDY Voucher Fee | Transxn Fees | 14.50 | GOVCC-C | | |
| | | | | | | |

Total Non-Per Diem Expenses 127.18

Total Per Diem Expenses 394.00

Per Diem Allowances

| Date | Rate | Ldg Cost | Ldg Allowed | M&IE Cost | M&IE Allowed | B L | | D | Conf% | |
|------------|---------------|-------------|----------------|--------------|-----------------|-------------|------|---|-------|--------|
| 02/06/2024 | 117.00/ 64.00 | 117.00 | 117.00 | 48.00 | 48.00 | | | | | |
| 02/07/2024 | 117.00/ 64.00 | 117.00 | 117.00 | 64.00 | 64.00 | | | | | |
| 02/08/2024 | 117.00/ 64.00 | 0.00 | 0.00 | 48.00 | 48.00 | | | | | |
| | | | | | Total Per | Diem Allowa | nces | | | 394,00 |

Payment Detail Information

| Organization | Label | Accounting String | Payment Method | Amount |
|--------------|-------|---------------------------------------|----------------|--------|
| DOI | VRP | PPMWSLBEL0///244/PPMPRLE1Z,Y00000//// | GOVCC-C | 361.18 |
| DOI | VRP | PPMWSLBEL0///244/PPMPRLE1Z.Y00000//// | REIMBURSABLE | 160.00 |

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Totals by Accounting Label

| Organization | Label | Accounting String | Amount |
|--------------|-------|---------------------------------------|--------|
| DOI | VRP | PPMWSLBEL0///244/PPMPRLE1Z.Y00000//// | 521.18 |

Totals by Payment Method

| Payment Method | Amount |
|----------------|--------|
| GOVCC-C | 361.18 |
| REIMBURSABLE | 160.00 |

Account Summary

Acct Label

Org DOI

VRP

Accounting Code

PPMWSLBEL0///244/PPMPRLE1Z,Y0000

0////

| Expense Category | Fiscal Year | Amount |
|----------------------|-----------------------|--------|
| Lodging Taxes & Misc | 2024 | 21.06 |
| Lodging-PerDiem | 2024 | 234.00 |
| M&IE-PerDiem | 2024 | 160.00 |
| Transaction Fees | 2024 | 9.62 |
| Transportation | 2024 | 82.00 |
| Transxn Fees | 2024 | 14.50 |
| | Accounting Code Total | 521.18 |

Total 521.18

Attachments

| Attachment File Name | Uploaded Timestamp |
|---------------------------------------|-----------------------|
| Dekkers Subpoena Proof of Service.pdf | 01/24/2024 6:38:21 AM |

Receipt Checklist

No receipts required.

Audits

No Failed Audits Exist.

Document History - 02/16/2024 Voucher: TV0001ANT9

| Status | Date | Time | Signature Name | Comments |
|-----------------------|------------|------------|---|--|
| PAID | 02/09/2024 | 2:03AMEST | EAI, EAI Net Adjustment:0.00 | EAI Document Status Update WS : Clearing date: 02/08/2024 Amount: 160.00 |
| SAP INVOICE POSTED | 02/08/2024 | 12:52PMEST | EAI, EAI Net Adjustment:0 . 00 | EAI Document Status Update WS : Document Num: 1929195142 Fiscal year: 2024 Message: Travel Voucher document created Line Item No: 0 Line Item Message: |
| PENDING | 02/08/2024 | 12:52PMEST | SYSUT I LITY Net Adjustment:0.00 | EAI Voucher Submitted |
| VOUCHER APPROVED | 02/08/2024 | 12:52PMEST | MATHIEU, LEONARD ARTHUR Net Adjustment:0.00 | |
| REVIEWED | 02/08/2024 | 12:50PMEST | RUMMER, CATHER I NE ANNE | |

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| Status | Date | Time | Signature Name | Comments | | |
|--------------------------|------------|------------|--|-----------------------|------------------------------------|-----------------------------|
| | | | Net Adjustment:0.00 | | | |
| VOUCHER SIGNED | 02/08/2024 | 12:46PMCST | DEKKERS, SCOTT ALAN Net Adjustment:521.18 | | | |
| CREATED | 02/08/2024 | 12:07PMCST | DEKKERS, SCOTT ALAN Net Adjustment:0.00 | | | |
| | | | | I certify that | the electronic signatures listed a | above are valid and on file |
| | | | _ | | | |
| | | | | SIGNED |) | DATE |
| Document S | ignatures | | | | | |
| Traveler/Prepa Na | | | | Approver Name | | |
| Traveler/Prepa Signat | | | | Approver Signature | | |
| D | Date | | | Date | | |

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EXHIBIT K

Case 1:23-mj-00230-RSK ECF No. 20 PageID.298

EMBASSY SUITES by Hilton

Filed 03/2/10 MONROE AVENUE NW 74

GRAND RAPIDS, MI 49503 United States of America

TELEPHONE 616-512-5700 • FAX 616-512-5701

Reservations

www.hilton.com or 1 800 HILTONS

Room No:

619/NQS

XX

Arrival Date: Departure Date: 2/6/2024 4:52:00 PM 2/7/2024 8:56:00 AM

Adult/Child:

1/0

XX MI 45904

Cashier ID:

JKOOREMAN2

Room Rate:

117.00

AL: HH#

VAT# Folio No/Che

203504 A

Confirmation Number: 80466433

UNITED STATES OF AMERICA

Embassy Suites by Hilton-Grand Rapids Downtown 2/12/2024 2:30:00 PM

| DATE | REF NO | DESCRIPTION | CHARGES |
|-----------|--------|----------------------|------------|
| 2/6/2024 | 783980 | *SELF PARKING | \$20.00 |
| 2/6/2024 | 783981 | GUEST ROOM | \$117.00 |
| 2/6/2024 | 783981 | RM - HOTEL/MOTEL TAX | \$7.02 |
| 2/6/2024 | 783981 | RM - T&T TAX | \$4.68 |
| 2/6/2024 | 783981 | RM - KENT COUNTY TAX | \$5.85 |
| 2/12/2024 | 787147 | MC *5436 | (\$154.55) |
| | | | |

BALANCE

\$0.00

CREDIT CARD DETAIL

APPR CODE

04737Z

MERCHANT ID

000100682400

CARD NUMBER

MC *6283

EXP DATE

01/28

TRANS TYPE

Sale

TRANSACTION ID

784130

Justice Management Division

Fact Witness Voucher

| NOTE: THE DOJ-3 MUST NOT BE HA | NDLED BY TH | E FA | CT WITNESS | OTHER | THA | N FO | R SIGNATURE PU | RPOSES |
|--|--------------------|------|--------------|------------------------------------|----------|------------------------|--------------------------|----------------------|
| PART I - GENERAL INFORM | ATION | | | | | | | |
| This Voucher is for: | | | | | | | | |
| ☐ Fact Witness ☐ Travel Companion | ☐Federal Gov | /ern | ment Employ | ee Fact | Witn | ess 🗆 |] International Fa | ct Witness |
| This Voucher is from: USAO | | | | | | | | |
| Please answer each question below. | | | | | | | | |
| The Fact Witness/Travel Companion: | | | | | | | | |
| Was ☐ Was Not a United States Citizen | | | | | | | | |
| ☐ Was ☒ Was Not a Federal government e | | | | | | | | |
| ☐ Did ☑ Did Not receive a cash or check | | | Amount: \$ | | From | m: | | |
| Witness Name: Bank (In care of minor of | child fact witness |) | | | | | | |
| Travel Companion Name (if applicable): | | | | | | | | |
| For U.S. Citizen or Legal Resident - Social S | Security Number | : | | | | | | |
| For Non-U.S. Citizen - Passport No.: | Vi | sa N | D.: | Alie | en Reg | gistrati | on Record No.: | |
| Address: | | | Apt. #: | | | City: | | |
| State: Coun | itry: USA | | | | | | ZIP Code: | |
| Phone No.: | E-Mail Addres | s: | | | | | | |
| Court Doc. No.: 23-MJ-00230 | Case Name/No | .: U | S v. Howard | | | | | |
| District: Western District of Michigan | | | Court Locati | on: Gran | ıd Rap | ids, Mi | chigan | |
| Was CBA used for: N/A Transportat | ion 🛭 Lodgii | ng | | | | | | |
| PART II - ATTENDANCE CER | TIFICATION | ON | | | | | | |
| | | | | | | | | |
| A. Attendance | | | | | FEES | 8 | OBJECT CLASS SOC/SSOC | AMOUNTS (Dollars) |
| Deposition Dates (Including Travel): | | to | | \$40 @ | | Days | 11804 / 1126 | |
| Grand Jury/ Hearing/ Trial Attendance Dates (Including Travel): | 2/6/24 | to | 2/7/24 | \$40 @ | 2 | Days | 11804 / 1156 | N/A |
| Pretrial Conference Dates (Including Travel): | | to | | \$40 @ | | Days | 11804 / 1194 | |
| Detained Dates - Citizen/Visitor in Custody: | - | to | | \$40@ | | Days | 11804 / 1193 | - |
| Detained Dates - Deportable Alien in Custody: | | to | | \$1@ | | Days | 11804 / 1195 | |
| | | | | | | | TOTAL FEES: | N/A |
| B. Attendance Attestation: I attest that the with defined under 28 CFR PART 21), and is entitled | | | | | | | | |
| Daniel McDonough | | Da | . M | Digitally signed Date: 2024.03, | by DANIE | EL MCDON 18 -05'00' | ough 3/4/2024 | |
| Printed Name | Signatu | | | | | | Date | |
| Grand Jury Coordinator | | | | | | | | |
| Title of Authorized Federal Governme | ent Official | | | | | | | |

A copy of Form USM-376A, Signature/Designation Form for Approving Officer must be on file with the USMS

| Case 1:23 mi 00230 RSK ECF No. 20-1, PageiD.300 Filed 03/27/2 PART III - ALLOWANCES | | |
|---|---|-------------------------|
| PART III - ALLUWANCES | OBJECT CLASS SOC/SSOC | AMOUNTS (Dollars) |
| a malan | 21011/2191 | |
| C. Travel by Carrier (Receipts over \$75.00 required if paid by witness or travel companion. | 2108 | |
| DO NOT claim if paid by Federal government) Check One: Train Bus Airplane | 2100 | |
|). Travel by Privately Owned Vehicle: | 21015 / 2192 | 84.15 |
| Round Trip Mileage. | 2101372132 | <u> </u> |
| Total Number of Trips: | | 1 |
| Less Advance Received: | | |
| ** All expenses over \$75.00 must have a receipt. If receipts are not provided for expenses over \$75.00, a Verification Without Receipt Form must be submitted. List Expenses and Value of the Expenses Authorized to be Paid: | 21001 / 2193 2133 | 20 |
| Parking - \$20 | | |
| Meals and Lodging: | | |
| Travel Days 1. (3/4 M&LE for Federal government employee fact witness, 1/2 M&LE for non-Federal @\$ 32 x 2 Day(s) = \$ 64 government employee fact witness) | 21013 / 2194 | 64 |
| 2. Days Away from Home (full day's M&HE per day) @ \$ x Day(s) = \$ | 21013 / 2194 | 1 |
| 3. Actual Cost of Lodging, Not to Exceed \$ | 21012 | |
| (Do not claim if paid by Federal government *The Actual Cost of Lodging cannot be greater than the Not to Exceed | | |
| NET AMOUNT PAID (Fees plus totals of Sections C, D, E, and F minus Advance Received for | om top of Page 1): | -\$80.0 |
| ART IV - CERTIFICATION | | \$1 .e. |
| SOCIAL SECURITY NUMBER/PRIVACY ACT NOTICE: Disclosure of your Social Security number is many reporting purposes under the authority of 26 CFR Section 301-6109-1, in order to ensure the accuracy of income concerning purposes under the authority of 26 CFR Section 301-6109-1, in order to ensure the accuracy of income concerning purposes. This information will be used to identify an individual who is compensated by funds of the Department of Justice will be required to Service that your number is unknown. This information is being provided on Form 1099 to the Internal Revenue Service that your number is unknown. This information is being provided on Form 1099 to the Internal Revenue Service that your number is unknown. This information is being provided on Form 1099 to the Internal Revenue Service that your number is unknown. This information is being provided on Form 1099 to the Internal Revenue Service that your number is unknown. This information is being provided on Form 1099 to the Internal Revenue Service that your number is unknown. This information is being provided on Form 1099 to the Internal Revenue Service that your number is unknown. This information is being provided on Form 1099 to the Internal Revenue Service that your number is unknown. | mputation by the Inter tment of Justice. Failu o notify the Internal R crvice. | nal ire to evenue |
| ERTIFICATION: I certify that this voucher is true and correct to the best of my knowledge and belief, as | | |
| | | 7074 |
| gnature | Date | |
| ART V - CLAIM VERIFICATION | | |
| RIFICATION: I verify that the above information and receipts provided by the witness or travel compa | nion, is true and cor | rect to the |
| st of my knowledge. Digitally signed by | | 2024 |
| BREANE WARNER Date: 2024.03.04 12:28:11-05'00' | 3-+ | -2024 |
| mature () | Date · | |
| Victim Assistance Specialist breane.warner@usdoj.gov | * | |
| a of Authorized Federal Government Official E-mail Address | | |

Justice Management Division

A copy of Form USM-376A, Signature/Designation Form for

Approving Officer must be on file with the USMS

Fact Witness Voucher

| NOTE: THE DOJ-3 MUST NOT BE HAN | NDLED BY TH | IE FA | CT WITNESS | OTHER | THA | N FOR | SIGNATURE PU | RPOSES |
|--|------------------|---------|-----------------|------------|-------|-----------|--------------------------|----------------------|
| PART I - GENERAL INFORMA | ATION | | | | | | | |
| This Voucher is for: | | | | | | | | |
| ☐ Fact Witness ☐ Travel Companion ☐ | Federal Go | vernn | nent Employ | ee Fact | Witn | ess 🗌 | International Fac | t Witness |
| This Voucher is from: USAO | | | | | | | | |
| Please answer each question below. | | | | | | | | |
| The Fact Witness/Travel Companion: | | | | | | | | |
| Was ☐ Was Not a United States Citizen | | | | | | | | |
| ☐ Was ☐ Was Not a Federal government en | | | | | Fro | mı | | |
| ☐ Did ☐ Did Not receive a cash or check | advance. Adv | ance A | .mount: 5 | | - 110 | m: | | |
| Witness Name: C | | | | | V-956 | | | |
| Travel Companion Name (if applicable): | | _ | | | | | | |
| For U.S. Citizen or Legal Resident - Social S | | | | - | | | | |
| For Non-U.S. Citizen - Passport No.: | V | isa No |). : | Alie | n Re | gistratio | on Record No.: | |
| Address: | | | Apt. #: | | (| City: | | |
| State: Coun | try: USA | | | | | | ZIP Code: | |
| Phone No.: | E-Mail Addre | ess: | | | | | | |
| Court Doc. No.: 23-MJ-00230 | Case Name/N | o.: U | S v. Howard | | | | | |
| District: Western District of Michigan | | | Court Loca | tion: Gran | d Rap | oids, Mi | chigan | |
| Was CBA used for: ⊠ N/A ☐ Transportat | ion 🗌 Lodg | ging | | | | | | |
| PART II - ATTENDANCE CER | RTIFICAT | ION | | | | | | |
| NOTE: Retention | of these fees is | consid | ered taxable in | come and | repor | table to | IRS. | |
| A. Attendance | | | | | FEE | S | OBJECT CLASS SOC/SSOC | AMOUNTS (Dollars) |
| Deposition Dates (Including Travel): | | to | | \$40@ | | Days | 11804 / 1126 | |
| Grand Jury/ Hearing/ Trial Attendance Dates (Including Travel): | 2/1/24 | to | 2/7/24 | \$40 @ | 1 | Days | 11804 / 1156 | \$40.00 |
| Pretrial Conference Dates (Including Travel): | | to | | \$40 @ | | Days | 11804 / 1194 | 54,111 |
| Detained Dates - Citizen/Visitor in Custody: | | to | | \$40 @ | | Days | 11804 / 1193 | |
| Detained Dates - Deportable Alien in Custody: | | to | | \$1@ | | Days | 11804 / 1195 | |
| | | | | | | | TOTAL FEES: | |
| B. Attendance Attestation: I attest that the wit | | | | | | | | |
| defined under 28 CFR PART 21), and is entitled | to receive the | statute | rees and exp | enses in a | ccord | ance wi | | |
| Daniel McDonough | | 1 | an 1 | | _ | | 2/15/2024 Data | |
| Printed Name | Signa | ture | | | | | Date | |
| Grand Jury Coordinator Title of Authorized Federal Governm | ent Official | | | | | | | |

| PART III - ALLOWANCES | | | |
|---|---|--|-----------------------|
| | ii | OBJECT CLASS SOC/SSOC | AMOUNTS (Dollars) |
| C. Travel by Carrier (Receipts over \$75.00 required if paid by witness or | travel companion. | 21011 / 2191 | |
| DO NOT claim if paid by Federal government) Check One: Train | n 🗌 Bus 🔲 Airplane | 2108 | |
| D. Travel by Privately Owned Vehicle: Round Trip Mileage: Total Number of Trips: Less Advance Received: | 2.6 @s 0.67 Per Mile | 21015 / 2192 | 95.5 |
| E. Local Transportation & Other Expenses (e.g. subway, bus, taxi, tolls, page 18.4) ** All expenses over \$75.00 must have a receipt. If receipts are not provide Verification Without Receipt Form must be submitted. List Expenses and Value of the Expenses Authorized to be Paid: | | 21001 / 2193 2133 | 20 |
| F. Meals and Lodging: | | | |
| Travel Days 1. (3/4 M&IE for Federal government employee fact witness, 1/2 M&IE for non-Federal government employee fact witness) | x Day(s) = \$ | 21013 / 2194 | |
| Days Away from Home (full day's M&IE per day) © \$ | x Day(s) = \$ | 21013 / 2194 | |
| 3. Actual Cost of Lodging, Not to Exceed \$ @ \$ (Do not claim if paid by Federal government lodging amount) *The Actual Cost of Lodging | * x Day(s) = \$ cannot be greater than the Not to Exceed | 21012 | |
| PART IV - CERTIFICATION SOCIAL SECURITY NUMBER/PRIVACY ACT NOTICE: Disclosur reporting purposes under the authority of 26 CFR Section 301-6109-1, in Revenue Service. This information will be used to identify an individual value provide this information may result in delay of your compensation, and the Service that your number is unknown. This information is being provided Falsification of an item may constitute a forfeiture of claim (28 U.S.C., Se imprisonment of not more than 5 years or both (18 U.S.C. 287). | re of your Social Security number is mand order to ensure the accuracy of income cor who is compensated by funds of the Depart e Department of Justice will be required to on Form 1099 to the Internal Revenue Ser | atory for Federal incor nputation by the Intern ment of Justice. Failur notify the Internal Re vice. | nal re to venue |
| CERTIFICATION: I certify that this voucher is true and correct to the been received by me. Signature | e best of my knowledge and belief, and | d that payment or cr 2/7/2 Date | edit has not |
| PART V - CLAIM VERIFICATION | | | |
| VERIFICATION: I verify that the above information and receipts probest of my knowledge. | vided by the witness or travel compan | ion, is true and corre | ect to the |
| Suchan | | 2/16/24 | <u> </u> |
| Signature Victim Assistance Specialist | breane.warner@udoj.gov | Date | |
| Title of Authorized Federal Government Official | F-mail Address | | |

Case 1:23-mj-00230-RSK ECF No. 20 pageID.303

EMBASSY SUITES by Hilton

Embassy Suites by Hilton-Grand Rapids Downtown Filed 03/2/10 MONROE AVENUE NW 74

GRAND RAPIDS, MI 49503 United States of America

TELEPHONE 616-512-5700 • FAX 616-512-5701

Reservations

www.hilton.com or 1 800 HILTONS



UNITED STATES OF AMERICA

Room No:

Arrival Date:

2/6/2024 7:33:00 PM

Departure Date:

2/7/2024 9:35:00 AM

Adult/Child:

1/0

Cashier ID:

JKOOREMAN2

Room Rate:

117.00

543/NQS

AL: HH# VAT#

Folio No/Che

203505 A

Confirmation Number: 84662625

Embassy Suites by Hilton-Grand Rapids Downtown 2/12/2024 2:23:00 PM

| DATE | REF NO | DESCRIPTION | CHARGES |
|----------|--------|----------------------|------------|
| 2/6/2024 | 783944 | GUEST ROOM | \$117.00 |
| 2/6/2024 | 783944 | RM - HOTEL/MOTEL TAX | \$7.02 |
| 2/6/2024 | 783944 | RM - T&T TAX | \$4.68 |
| 2/6/2024 | 783944 | RM - KENT COUNTY TAX | \$5.85 |
| 2/7/2024 | 784143 | MC *5436 | (\$134.55) |

BALANCE

\$0.00

CREDIT CARD DETAIL

APPR CODE

075833 MC *5436 MERCHANT ID

000100682400

CARD NUMBER

EXP DATE

06/24

TRANSACTION ID

784143

TRANS TYPE

Sale

Justice Management Division

A copy of Form USM-376A, Signature/Designation Form for

Approving Officer must be on file with the USMS

Fact Witness Voucher

| NOTE: THE DOJ-3 MUST NOT BE HAN | NDLED BY T | HE FA | CT WITNES | SOTHER | THA | N FOR | R SIGNATURE PU | RPOSES |
|---|------------------|---------|-----------------|------------|-------|-----------|--------------------------|-----------|
| PART I - GENERAL INFORMA | ATION | | | | | | | |
| This Voucher is for: | | | | | | | | |
| □ Fact Witness □ Travel Companion □ | Federal Go | overnn | nent Employ | yee Fact | Witn | ess 🗌 | International Fac | t Witness |
| This Voucher is from: USAO | | | | | | | | |
| Please answer each question below. | | | | | | | | |
| The Fact Witness/Travel Companion: | | | | | | | | |
| Was | | | | | | | | |
| ☐ Was ☑ Was Not a Federal government en | | | | | | | | |
| ☐ Did ☐ Did Not receive a cash or check | advance. Adv | vance A | mount: \$ | | Fro | m: | | |
| Witness Name: J | | | | | | | | |
| Travel Companion Name (if applicable): | | | | | | | | |
| For U.S. Citizen or Legal Resident - Social S | ecurity Numb | er: | - | - 1 | | | | |
| For Non-U.S. Citizen - Passport No.: | | Visa No | ·.: | Alie | n Re | gistratio | on Record No.: | |
| Address: | | | Apt. #: | | - | City: | | |
| State: Coun | itry: USA | | | | | Ī | ZIP Code: | |
| Phone No.: | E-Mail Addı | ress: | | | | | | |
| Court Doc. No.: 23-MJ-00230 | Case Name/ | No.: U | S v. Howard | | | | | |
| District: Western District of Michigan | | | Court Loca | tion: Gran | d Raj | oids, Mi | chigan | |
| Was CBA used for: N/A Transportate | tion 🛛 Lod | ging | | | | | | |
| PART II - ATTENDANCE CER | RTIFICAT | TION | | | | | | |
| NOTE: Retention | of these fees is | consid | ered taxable in | come and | repor | table to | IRS. | |
| A. Attendance | | | | | FEE | S | OBJECT CLASS | AMOUNTS |
| | T | Tio | | \$40.00 | | Davis | SOC/SSOC 11804 / 1126 | (Dollars) |
| Deposition Dates (Including Travel): | | to | | \$40 @ | | Days | 11804 / 1126 | |
| Grand Jury/ Hearing/ Trial Attendance Dates (Including Travel): | 2/0/24 | to | 2/7/24 | \$40 @ | 2 | Days | 11804 / 1156 | \$80.00 |
| Pretrial Conference Dates (Including Travel): | | to | | \$40 @ | | Days | 11804 / 1194 | |
| Detained Dates - Citizen/Visitor in Custody: | | to | | \$40 @ | | Days | 11804 / 1193 | |
| Detained Dates - Deportable Alien in Custody: | | to | | \$1 @ | | Days | 11804 / 1195 | |
| | | | | | | | TOTAL FEES: | \$80.00 |
| B. Attendance Attestation: I attest that the wit | | | | | | | | |
| defined under 28 CFR PART 21), and is entitled | to receive the | | 100 | | ccord | ance wi | th 28 U.S.C. § 1821. | |
| Daniel McDonough | | Ja | ~ 1 | N | | | 2/15/2024 | |
| Printed Name | Sign | ture | | | | | Date | |
| Grand Jury Coordinator | | | | | | | | |
| Title of Authorized Federal Governm | ent Official | | | | | | | |

| | | OBJECT CLASS SOC/SSOC | AMOUNTS (Dollars) |
|--|---|--|-----------------------|
| C. Travel by Carrier (Receipts over \$75.00 required if paid by witne | ess or travel companion. | 21011/2191 | |
| DO NOT claim if paid by Federal government) Check One: | pts over \$75.00 required if paid by witness or travel companion. Gederal government) Check One: | | |
| Total Number of Trips: | 368 @\$ <u>().67</u> Per Mile | 21015 / 2192 | 246. |
| | provided for expenses over \$75.00, a | | 20 |
| . Meals and Lodging: | | | |
| 2. Days Away from Home (full day's M&IE per day) 3. Actual Cost of Lodging, Not to Exceed \$@ @ | \$x Day(s) = \$ \$*x Day(s) = \$ | 21013 / 2194 | 64 |
| | D, E, and F minus Advance Received f | rom top of Page 1): | 370.5 |
| PART IV - CERTIFICATION | | | 4 |
| reporting purposes under the authority of 26 CFR Section 301-6109-Revenue Service. This information will be used to identify an individential provide this information may result in delay of your compensation, as Service that your number is unknown. This information is being provident falsification of an item may constitute a forfeiture of claim (28 U.S.C. imprisonment of not more than 5 years or both (18 U.S.C. 287). | 1, in order to ensure the accuracy of income or lual who is compensated by funds of the Department of Justice will be required trided on Form 1099 to the Internal Revenue Sec., Section 2514) and may result in a fine of no | omputation by the Interretment of Justice. Failure to notify the Internal Reservice. | nal re to venue |
| been received by me | | 2/7/2 | 24 |
| Signature | | Date | |
| PART V - CLAIM VERIFICATION | | | |
| Bull Dan | s provided by the witness or travel compa | 2/16/24 | |
| Signature Victim Assistance Specialist | breane.warner@usdoj.gov | Date | |
| VICTOR BIRTON PROCESSOR AND STATE AND AND TO STATE AND | E-mail Address | | - |
| Title of Authorized Federal Government Official | E-mail Address | | |

Case 1:23-mj-00230-RSK ECF No. 20- ageID.306

EMBASSY SUITES by Hilton Embassy Suites by Hilton-Grand Rapids Downtown

GRAND RAPIDS, MI 49503

United States of America
TELEPHONE 616-512-5700 • FAX 616-512-5701

Reservations

www.hilton.com or 1 800 HILTONS

454/NQSQG

Wales, K

XX

XX MI 49504

UNITED STATES OF AMERICA

Room No:

Arrival Date:

2/6/2024 3:17:00 PM

Departure Date:

2/7/2024 12:35:00 PM

Adult/Child:

1/0

Cashier ID:

JKOOREMAN2

Room Rate:

117.00

AL: HH# VAT#

Folio No/Che

203509 A

Confirmation Number: 85189729

Embassy Suites by Hilton-Grand Rapids Downtown 2/12/2024 2:33:00 PM

| DATE | REF NO | DESCRIPTION | CHARGES |
|-----------|--------|----------------------|------------|
| 2/6/2024 | 783913 | GUEST ROOM | \$117.00 |
| 2/6/2024 | 783913 | RM - HOTEL/MOTEL TAX | \$7.02 |
| 2/6/2024 | 783913 | RM - T&T TAX | \$4.68 |
| 2/6/2024 | 783913 | RM - KENT COUNTY TAX | \$5.85 |
| 2/12/2024 | 787148 | MC *5436 | (\$134.55) |
| | | | |

BALANCE

\$0.00

CREDIT CARD DETAIL

APPR CODE
CARD NUMBER
TRANSACTION ID

36860D VS *5007 784370 MERCHANT ID EXP DATE TRANS TYPE 000100682400

06/26 Sale

Justice Management Division

A copy of Form USM-376A, Signature/Designation Form for

Approving Officer must be on file with the USMS

Fact Witness Voucher

| NOTE: THE DOJ-3 MUST NOT BE HAN | NDLED BY TI | HE FA | CT WITNESS | OTHER | THA | N FOR | R SIGNATURE PU | RPOSES |
|---|------------------|---------|-----------------|------------|-------|-----------|--------------------------|-----------------------|
| PART I - GENERAL INFORMA | ATION | | | | | | | |
| This Voucher is for: | | | | | | | | |
| □ Fact Witness □ Travel Companion [| Federal Go | overnr | nent Employ | yee Fact | Witn | ess 🗌 | International Fac | et Witness |
| This Voucher is from: USAO | | | | | | | | |
| Please answer each question below. | | | | | | | | |
| The Fact Witness/Travel Companion: | | and the | | | | | | |
| Was | | | | | | | | |
| ☐ Was ☒ Was Not a Federal government e | | | | | Г | | | |
| Did Did Not receive a cash or check | advance. Adv | ance A | tmount: 5 | | Fro | m: | | |
| Witness Name: K | | | | | | | | |
| Travel Companion Name (if applicable): | | | | | | | | |
| For U.S. Citizen or Legal Resident - Social S | ecurity Numb | er: | - | -1 | | | | |
| For Non-U.S. Citizen - Passport No.: | | Visa No | o.: | Alie | n Re | gistratio | on Record No.: | |
| Address: | | | Apt. #: | | (| City: | | |
| State: Coun | try: USA | | ' | | | | ZIP Code: | |
| Phone No.: | E-Mail Addr | ess: | | | | | | |
| Court Doc. No.: 23-MJ-00230 | Case Name/N | No.: U | S v. Howard | | | | | |
| District: Western District of Michigan | | | Court Loca | tion: Gran | d Rap | oids, Mi | chigan | |
| Was CBA used for: N/A Transportation | tion X Lodg | ging | | | | | | |
| PART II - ATTENDANCE CER | RTIFICAT | ION | | | | | | |
| NOTE: Retention | of these fees is | consid | ered taxable in | come and | repor | table to | IRS. | |
| A. Attendance | | | | | FEE | S | OBJECT CLASS SOC/SSOC | AMOUNTS (Dollars) |
| Deposition Dates (Including Travel): | | to | | \$40 @ | | Days | 11804 / 1126 | |
| Grand Jury/ Hearing/ Trial Attendance Dates (Including Travel): | 2/0/24 | to | 2/7/24 | \$40 @ | 2 | Days | 11804 / 1156 | \$80.00 |
| Pretrial Conference Dates (Including Travel): | | to | | \$40 @ | | Days | 11804 / 1194 | |
| Detained Dates - Citizen/Visitor in Custody: | | to | | \$40 @ | | Days | 11804 / 1193 | |
| Detained Dates - Deportable Alien in Custody: | | to | | \$1@ | | Days | 11804 / 1195 | |
| | | | | | | | TOTAL FEES: | \$80.00 |
| B. Attendance Attestation: I attest that the windefined under 28 CFR PART 21), and is entitled | | | | | | | • | and the second second |
| Daniel McDonough | | 10 | ~ 8 | | 7 | | 2/15/2024 | |
| Printed Name | Signa | iture | | _ | | | Date | |
| Grand Jury Coordinator | | | | | | | | |
| Title of Authorized Federal Governm | ent Official | | | | | | | |

Form DOJ-3 May 2020

| a second | OBJECT CLASS SOC/SSOC | AMOUNTS (Dollars) |
|--|---|--|
| C. Travel by Carrier (Receipts over \$75.00 required if paid by witness or travel companion. | 21011/2191 | |
| DO NOT claim if paid by Federal government) Check One: Train Bus Airplane | 2108 | |
| D. Travel by Privately Owned Vehicle: | | |
| Round Trip Mileage: 298 @\$ 6.67 Per Mile | 21015 / 2192 | 1996 |
| Total Number of Trips: | | 111.0 |
| Less Advance Received: | | |
| E. Local Transportation & Other Expenses (e.g. subway, bus, taxi, tolls, parking, baggage fees, hotel taxes, etc.) ** All expenses over \$75.00 must have a receipt. If receipts are not provided for expenses over \$75.00, a Verification Without Receipt Form must be submitted. | | |
| List Expenses and Value of the Expenses Authorized to be Paid: | 21001 / 2193 | 2000 |
| | 2133 | 20 |
| Parking- \$ 20 | | |
| F. Meals and Lodging: | | |
| Travel Days One of the second secon | 21013 / 2194 | |
| 1. (3/4 M&IE for Federal government employee fact witness, 1/2 M&IE for non-Federal government employee fact witness) Day(s) = \$ 64 | 21013 / 2194 | 1 11 |
| 2. Days Away from Home (full day's M&IE per day) @ \$ x Day(s) = \$ | 21013 / 2194 | 64 |
| 3. Actual Cost of Lodging, Not to Exceed \$ @ \$ * x Day(s) = \$ | 21012 | |
| (Do not claim if paid by Federal government *The Actual Cost of Lodging cannot be greater than the Not to Exceed | | |
| lodging amount) | | |
| NET AMOUNT PAID (Fees plus totals of Sections C, D, E, and F minus Advance Received fr | om top of Page 1): | 323.6 |
| NET AMOUNT PAID (Fees plus totals of Sections C, D, E, and F minus Advance Received fr | om top of Page 1): | 323.6 |
| NET AMOUNT PAID (Fees plus totals of Sections C, D, E, and F minus Advance Received fr | latory for Federal incomputation by the Internation of Justice, Failure on notify the Internal Revice. | ne tax nal re to venue |
| PART IV - CERTIFICATION SOCIAL SECURITY NUMBER/PRIVACY ACT NOTICE: Disclosure of your Social Security number is mand reporting purposes under the authority of 26 CFR Section 301-6109-1, in order to ensure the accuracy of income concept Revenue Service. This information will be used to identify an individual who is compensated by funds of the Depart provide this information may result in delay of your compensation, and the Department of Justice will be required to Service that your number is unknown. This information is being provided on Form 1099 to the Internal Revenue Service that your number of not more than 5 years or both (18 U.S.C., Section 2514) and may result in a fine of not imprisonment of not more than 5 years or both (18 U.S.C. 287). CERTIFICATION: I certify that this voucher is true and correct to the best of my knowledge and belief, and | latory for Federal incomputation by the Interretment of Justice. Failure notify the Internal Revice. | ne tax nal re to venue |
| PART IV - CERTIFICATION SOCIAL SECURITY NUMBER/PRIVACY ACT NOTICE: Disclosure of your Social Security number is mand reporting purposes under the authority of 26 CFR Section 301-6109-1, in order to ensure the accuracy of income concerning purposes. This information will be used to identify an individual who is compensated by funds of the Depart provide this information may result in delay of your compensation, and the Department of Justice will be required to Service that your number is unknown. This information is being provided on Form 1099 to the Internal Revenue Service that your number is unknown to follow the Internal Revenue Service that your number is unknown to follow the Internal Revenue Service that your number is unknown to follow the Internal Revenue Service that your number is unknown to follow the Internal Revenue Service that your number is unknown to follow the Internal Revenue Service that your number is unknown to follow the Internal Revenue Service that your number is unknown to follow the Internal Revenue Service that your number is unknown to follow the Internal Revenue Service that your number is unknown to follow the Internal Revenue Service that your number is unknown. This information is being provided on Form 1099 to the Internal Revenue Service that your number is unknown to follow the Internal Revenue Service that your number is unknown to follow the Internal Revenue Service that your number is unknown to follow the Internal Revenue Service that your number is unknown to follow the Internal Revenue Service that your number is unknown to follow the Internal Revenue Service that your number is unknown to follow the Internal Revenue Service that your number is unknown to follow the Internal Revenue Service that your number is unknown to follow the Internal Revenue Service that your number is unknown to follow the Internal Revenue Service that your number is unknown to follow the Internal Revenue Service that your number is unknown to follow the Internal Revenue Service that your numbe | latory for Federal incomputation by the Interretment of Justice. Failure notify the Internal Revice. | ne tax nal re to venue |
| NET AMOUNT PAID (Fees plus totals of Sections C, D, E, and F minus Advance Received fr PART IV - CERTIFICATION SOCIAL SECURITY NUMBER/PRIVACY ACT NOTICE: Disclosure of your Social Security number is mand reporting purposes under the authority of 26 CFR Section 301-6109-1, in order to ensure the accuracy of income co Revenue Service. This information will be used to identify an individual who is compensated by funds of the Depar provide this information may result in delay of your compensation, and the Department of Justice will be required to Service that your number is unknown. This information is being provided on Form 1099 to the Internal Revenue Service that your number of not more than 5 years or both (18 U.S.C., Section 2514) and may result in a fine of no imprisonment of not more than 5 years or both (18 U.S.C., 287). CERTIFICATION: I certify that this voucher is true and correct to the best of my knowledge and belief, and been received by me. | latory for Federal incomputation by the Internation of Justice. Failur onotify the Internal Revolute. t more than \$10,000 or that payment or creating the control of the c | ne tax nal re to venue |
| NET AMOUNT PAID (Fees plus totals of Sections C, D, E, and F minus Advance Received fr PART IV - CERTIFICATION SOCIAL SECURITY NUMBER/PRIVACY ACT NOTICE: Disclosure of your Social Security number is mand reporting purposes under the authority of 26 CFR Section 301-6109-1, in order to ensure the accuracy of income co Revenue Service. This information will be used to identify an individual who is compensated by funds of the Depar provide this information may result in delay of your compensation, and the Department of Justice will be required to Service that your number is unknown. This information is being provided on Form 1099 to the Internal Revenue Service that your number of not more than 5 years or both (18 U.S.C., Section 2514) and may result in a fine of no imprisonment of not more than 5 years or both (18 U.S.C. 287). CERTIFICATION: I certify that this voucher is true and correct to the best of my knowledge and belief, and been received by me. | latory for Federal incomputation by the Interretment of Justice. Failure notify the Internal Revice. | ne tax nal re to venue |
| NET AMOUNT PAID (Fees plus totals of Sections C, D, E, and F minus Advance Received fr PART IV - CERTIFICATION SOCIAL SECURITY NUMBER/PRIVACY ACT NOTICE: Disclosure of your Social Security number is mand reporting purposes under the authority of 26 CFR Section 301-6109-1, in order to ensure the accuracy of income co Revenue Service. This information will be used to identify an individual who is compensated by funds of the Depart provide this information may result in delay of your compensation, and the Department of Justice will be required to Service that your number is unknown. This information is being provided on Form 1099 to the Internal Revenue Service that your number of not more than 5 years or both (18 U.S.C., Section 2514) and may result in a fine of no imprisonment of not more than 5 years or both (18 U.S.C. 287). CERTIFICATION: I certify that this voucher is true and correct to the best of my knowledge and belief, and been received by me. | latory for Federal incomputation by the Internation of Justice. Failur onotify the Internal Revolute. t more than \$10,000 or that payment or creating the control of the c | ne tax nal re to venue |
| NET AMOUNT PAID (Fees plus totals of Sections C, D, E, and F minus Advance Received fr PART IV - CERTIFICATION SOCIAL SECURITY NUMBER/PRIVACY ACT NOTICE: Disclosure of your Social Security number is mand reporting purposes under the authority of 26 CFR Section 301-6109-1, in order to ensure the accuracy of income co Revenue Service. This information will be used to identify an individual who is compensated by funds of the Depar provide this information may result in delay of your compensation, and the Department of Justice will be required to Service that your number is unknown. This information is being provided on Form 1099 to the Internal Revenue Se Falsification of an item may constitute a forfeiture of claim (28 U.S.C., Section 2514) and may result in a fine of no imprisonment of not more than 5 years or both (18 U.S.C. 287). CERTIFICATION: I certify that this voucher is true and correct to the best of my knowledge and belief, an been received by me. Signature PART V—CLAIM VERTICAL (MICHIER PRIVACE) VERIFICATION: I verify that the above information and receipts provided by the witness or travel compar | latory for Federal incomputation by the Internation of Justice. Failure on notify the Internal Revolute. It more than \$10,000 or different payment or creating the Internal Revolute. | ne tax nal re to venue edit has not |
| NET AMOUNT PAID (Fees plus totals of Sections C, D, E, and F minus Advance Received fr PART IV - CERTIFICATION SOCIAL SECURITY NUMBER/PRIVACY ACT NOTICE: Disclosure of your Social Security number is mand reporting purposes under the authority of 26 CFR Section 301-6109-1, in order to ensure the accuracy of income cor Revenue Service. This information will be used to identify an individual who is compensated by funds of the Depart provide this information may result in delay of your compensation, and the Department of Justice will be required to Service that your number is unknown. This information is being provided on Form 1099 to the Internal Revenue Service that your number is unknown. This information (28 U.S.C., Section 2514) and may result in a fine of no imprisonment of not more than 5 years or both (18 U.S.C. 287). CERTIFICATION: I certify that this voucher is true and correct to the best of my knowledge and belief, an been received by me. Signature | latory for Federal incomputation by the Internation of Justice. Failure on notify the Internal Revolution. It more than \$10,000 or did that payment or creation, is true and corresponding, is true and corresponding. | ne tax nal re to venue edit has not ect to the |
| NET AMOUNT PAID (Fees plus totals of Sections C, D, E, and F minus Advance Received fr PART IV - CERTIFICATION SOCIAL SECURITY NUMBER/PRIVACY ACT NOTICE: Disclosure of your Social Security number is mand reporting purposes under the authority of 26 CFR Section 301-6109-1, in order to ensure the accuracy of income co Revenue Service. This information will be used to identify an individual who is compensated by funds of the Depar provide this information may result in delay of your compensation, and the Department of Justice will be required to Service that your number is unknown. This information is being provided on Form 1099 to the Internal Revenue Se Falsification of an item may constitute a forfeiture of claim (28 U.S.C., Section 2514) and may result in a fine of no imprisonment of not more than 5 years or both (18 U.S.C. 287). CERTIFICATION: I certify that this voucher is true and correct to the best of my knowledge and belief, an been received by me. Signature PART V—CLAIM VERTICAL (MICHIER PRIVATION): I verify that the above information and receipts provided by the witness or travel compart | latory for Federal incomputation by the Internation of Justice. Failur on notify the Internal Revolute. It more than \$10,000 or did that payment or creation, is true and corresponding, is true and corresponding. | ne tax nal re to venue edit has not ect to the |
| NET AMOUNT PAID (Fees plus totals of Sections C, D, E, and F minus Advance Received fr PART IV - CERTIFICATION SOCIAL SECURITY NUMBER/PRIVACY ACT NOTICE: Disclosure of your Social Security number is mand reporting purposes under the authority of 26 CFR Section 301-6109-1, in order to ensure the accuracy of income co Revenue Service. This information will be used to identify an individual who is compensated by funds of the Depart provide this information may result in delay of your compensation, and the Department of Justice will be required to Service that your number is unknown. This information is being provided on Form 1099 to the Internal Revenue Se Falsification of an item may constitute a forfeiture of claim (28 U.S.C., Section 2514) and may result in a fine of no imprisonment of not more than 5 years or both (18 U.S.C. 287). CERTIFICATION: I certify that this voucher is true and correct to the best of my knowledge and belief, an been received by me. Signature PART V—CERTIFICATION: I verify that the above information and receipts provided by the witness or travel comparabest of my knowledge. | latory for Federal incomputation by the Internation of Justice. Failure on notify the Internal Revolution. It more than \$10,000 or did that payment or creation, is true and corresponding, is true and corresponding. | ne tax nal re to venue edit has not ect to the |

Justice Management Division

Fact Witness Voucher

| NOTE: THE DOJ-3 MUST NOT BE HANDLED BY THE FACT WITNESS OTHER THAN FOR SIGNATURE PURPOSES | | | | | | | | | |
|--|-----------------------------|-------|--|--|----------------|---------------------------------------|--------------------------|----------------------|--|
| PART I - GENERAL INFORM | ATION | | | ······································ | | | | | |
| This Voucher is for: | | | | | | | | | |
| ☐ Fact Witness ☐ Travel Companion ☐ Federal Government Employee Fact Witness ☐ International Fact Witness | | | | | | | | | |
| This Voucher is from: USAO | | | | | | | | | |
| Please answer each question below. | | | | | | | | | |
| The Fact Witness/Travel Companion: | | | | | | | | | |
| Was ☐ Was Not a United States Citizen at the time of attendance.☐ Was ☒ Was Not a Federal government employee at the time of attendance. | | | | | | | | | |
| ☐ Did ☑ Did Not receive a cash or check | - | | | | Ewo | | | | |
| | advance. Adva | nce A | tmount: 5 | | Fro | ···· | | | |
| Witness Name: | | | | | | | | | |
| Travel Companion Name (if applicable): | | | | | | | | | |
| For U.S. Citizen or Legal Resident - Social Security Number: | | | | | | | | | |
| For Non-U.S. Citizen - Passport No.: Visa No.: Alien Registration Record No. | | | | | on Record No.: | · · · · · · · · · · · · · · · · · · · | | | |
| Address: | | | Apt. #: | | | City: | | | |
| State: Coun | try: USA | | | | | | ZIP Code: | | |
| Phone No.: | E-Mail Addres | ss: | | | | | | | |
| Court Doc. No.: 23-MJ-00230 | Case Name/No.: US v. Howard | | | | | | | | |
| District: Western District of Michigan Court Location: Grand Rapids, Michigan | | | | | | | | | |
| Was CBA used for: ☐ N/A ☐ Transportation ☑ Lodging | | | | | | | | | |
| PART II - ATTENDANCE CERTIFICATION | | | | | | | | | |
| NOTE: Retention of these fees is considered taxable income and reportable to IRS. | | | | | | | | | |
| . Attendance | | | | FEES | | | OBJECT CLASS SOC/SSOC | AMOUNTS (Dollars) | |
| Deposition Dates (Including Travel): | | to | | \$40@ | | Days | 11804 / 1126 | | |
| Grand Jury/ Hearing/ Trial Attendance Dates (Including Travel): | 2/6/24 | to | 2/7/24 | \$40 @ | 2 | Days | 11804 / 1156 | \$80.00 | |
| Pretrial Conference Dates (Including Travel): | | to | | \$40@ | | Days | 11804 / 1194 | | |
| Detained Dates - Citizen/Visitor in Custody: | | to | | \$40 @ | | Days | 11804 / 1193 | | |
| Detained Dates - Deportable Alien in Custody: | | to | | \$1@ | | Days | 11804 / 1195 | | |
| | - | | | | | | TOTAL FEES: | \$80.00 | |
| B. Attendance Attestation: I attest that the witness named above appeared at a scheduled judicial proceeding or pretrial conference (as defined under 28 CFR PART 21), and is entitled to receive the statutory fees and expenses in accordance with 28 U.S.C. § 1821. | | | | | | | | | |
| Daniel McDonough | D | ~ n | Digitally signed by MCDONOUGH Date: 2024.03.04 | DANIEL 12:03:53 -05'00' | | | 3/4/2024 | | |
| Printed Name | Signature | | | | Date | | | | |
| Grand Jury Coordinator | | | | | | | | | |
| Title of Authorized Federal Governme | ent Official | | | | | | | | |

A copy of Form USM-376A, Signature/Designation Form for Approving Officer must be on file with the USMS

| PART III - ALLOWANCES | n de la constant | | | |
|--|---|--|--|--|
| Annual to the second to the second se | Market Lane | edit i e samman ya ili ili ili ili ili ili ili ili ili il | OBJECT CLASS SOC/SSOC | (Dollars) |
| C. Travel by Carrier (Receipts over \$75.00 required if paid by witness o | r travel compar | nion. | 21011/2191 | |
| DO NOT claim if paid by Federal government) Check One: Tra | in 🔲 Bus [| Airplane | 2108 | |
| D. Travel by Privately Owned Vehicle: Round Trip Mileage: 12 Total Number of Trips: Less Advance Received: | 5.6 @ | 3 S <u>0 ·67</u> Per Mile | 21015/2192 | |
| E. Local Transportation & Other Expenses (e.g. subway, bus, taxi, tolls, page 44. All expenses over \$75.00 must have a receipt. If receipts are not provid Verification Without Receipt Form must be submitted. List Expenses and Value of the Expenses Authorized to be Paid: | ded for expenses | | 21001/2193 2133 | |
| F. Meals and Lodging: | | | | |
| Travel Days 1. (3/4 M&IE for Federal government employee fact witness, 1/2 M&IE for non-Federal @\$ 3 government employee fact witness) | 2 x 2 E | Day(s) = \$ 64 | 21013 / 2194 | 64 |
| 2. Days Away from Home (full day's M&IE per day) @ \$ | x D | Day(s) = \$ | 21013 / 2194 | 04 |
| 3. Actual Cost of Lodging, Not to Exceed \$ @ \$ (Do not claim if paid by Federal government lodging amount) *The Actual Cost of Lodging | | Day(s) = \$ than the Not to Exceed | 21012 | |
| NET AMOUNT PAID (Fees plus totals of Sections C, D, E | , and F minus | Advance Received fro | m top of Page 1): | 144 |
| PARTINE CERTIFICATION - | | Section of the sectio | X 1 COMPANY OF THE STATE OF THE | A. S. C. |
| SOCIAL SECURITY NUMBER/PRIVACY ACT NOTICE: Disclosur reporting purposes under the authority of 26 CFR Section 301-6109-1, in of Revenue Service. This information will be used to identify an individual we provide this information may result in delay of your compensation, and the Service that your number is unknown. This information is being provided of Falsification of an item may constitute a forfeiture of claim (28 U.S.C., Sectimprisonment of not more than 5 years or both (18 U.S.C. 287). CERTIFICATION: I certify that this voucher is true and correct to the | order to ensure the ho is compensate Department of Jon Form 1099 to ction 2514) and r | te accuracy of income come ed by funds of the Departn Justice will be required to the Internal Revenue Serv may result in a fine of not to | putation by the Intern nent of Justice. Failur notify the Internal Re- ice. more than \$10,000 or | al e to venue |
| been received by me. | best of my kin | owiedge and belief, and | that payment of cre | un nas not |
| | | | 2-7-2 | 4 |
| | | | Date | |
| PART V - CLAIM VERIFICATION | | | | • |
| VERIFICATION: I verify that the above information and receipts provides of my knowledge. Digitally signed by BREANE WARNER Date: 2024.03.04 | ided by the wi | tness or travel companie | | |
| 12:27:01 -05'00' | | | 3/4/202 | 4 |
| Signature | , | | Date | |
| Victim Assistance Specialist | breane.v | warner@usdoj.gov | | |
| Title of Authorized Rederal Covernment Official | E-mail Addres | 22 | | |

Justice Management Division

Fact Witness Voucher

| NOTE: THE DOJ-3 MUST NOT BE HAD | NDLED BY TI | HE FA | CT WITNES | SOTHER | THAN | FOI | R SIGNATURE PU | RPOSES |
|---|-----------------------------|---------|-----------------|--------------|--------------------------|----------------------|-------------------|------------|
| PART I - GENERAL INFORM | ATION | | | | | | | |
| This Voucher is for: | | | | | | | | |
| | Federal Go | overni | nent Employ | yee Fact | Witness | | International Fac | ct Witness |
| This Voucher is from: USAO | | | | | | | | |
| Please answer each question below. | | | | | | | | |
| The Fact Witness/Travel Companion: | | | | | | | | |
| Was Was Not a United States Citizen | | | | | | | | |
| ☐ Was ☒ Was Not a Federal government e | 10. 1 | | | | | | | |
| ☐ Did ☐ Did Not receive a cash or check | advance. Adv | ance A | Amount: S | | From: | _ | | |
| Witness Name: Z H | | | | | | | | |
| Travel Companion Name (if applicable): | | | | | | | | |
| For U.S. Citizen or Legal Resident - Social S | ecurity Number | er: | | - | | | | |
| For Non-U.S. Citizen - Passport No.: | ` | isa No | o.: | Alie | n Regist | rati | on Record No.: | |
| Address: | | | Apt. #: | | City | : | | |
| State: Coun | itry: USA | | | | | | ZIP Code: | |
| Phone No.: | E-Mail Address: | | | | | | | |
| Court Doc. No.: 23-MJ-00230 | Case Name/No.: US v. Howard | | | | | | | |
| District: Western District of Michigan Court Location: Grand Rapids, Michigan | | | | | | | | |
| Was CBA used for: ⊠ N/A ☐ Transportat | tion Lodg | ging | | | | | | |
| PART II - ATTENDANCE CER | RTIFICAT | ION | | | | | | |
| NOTE: Retention | of these fees is | consid | ered taxable in | come and | reportable | e to | IRS. | |
| A. Attendance | | FEES | | | OBJECT CLASS SOC/SSOC | AMOUNTS (Dollars) | | |
| Deposition Dates (Including Travel): | | to | | \$40 @ | D | ays | 11804 / 1126 | |
| Grand Jury/ Hearing/ Trial Attendance Dates (Including Travel): | 11/1/14 | to | 2/7/24 | \$40 @ | 1 Da | ays | 11804 / 1156 | \$40.00 |
| Pretrial Conference Dates (Including Travel): | | to | | \$40 @ | D | ays | 11804 / 1194 | |
| Detained Dates - Citizen/Visitor in Custody: | | to | | \$40 @ | D | ays | 11804 / 1193 | |
| Detained Dates - Deportable Alien in Custody: | | to | | \$1 @ | Da | ays | 11804 / 1195 | |
| | | | | | | | TOTAL FEES: | \$40.00 |
| B. Attendance Attestation: I attest that the wit defined under 28 CFR PART 21), and is entitled | | statuto | ry fees and exr | nenses in ac | | | 0 1 | |
| Daniel McDonough | | | na | n | _ | | 2/15/2024 | |
| Printed Name | Signa | ture | | | | | Date | |
| Grand Jury Coordinator | 6 | | | | | | | |
| Title of Authorized Federal Governme | ent Official | | | | | | | |

A copy of Form USM-376A, Signature/Designation Form for Approving Officer must be on file with the USMS

| | | OBJECT CLASS SOC/SSOC | AMOUNTS (Dollars) |
|--|--|---|-----------------------|
| C. Travel by Carrier (Receipts over \$75.00 required if paid by witness or | travel companion. | 21011 / 2191 | |
| DO NOT claim if paid by Federal government) Check One: Train | Bus Airplane | 2108 | |
| D. Travel by Privately Owned Vehicle: Round Trip Mileage: Total Number of Trips: Less Advance Received: | 2.8 @\$ 0.67 Per Mile | 21015 / 2192 | 109.09 |
| E. Local Transportation & Other Expenses (e.g. subway, bus, taxi, tolls, pa | arking, haggage fees, hotel taxes, etc.) | | |
| ** All expenses over \$75.00 must have a receipt. If receipts are not provide Verification Without Receipt Form must be submitted. | | 21001 / 2102 | |
| List Expenses and Value of the Expenses Authorized to be Paid: | | 21001 / 2193 2133 | 20 |
| Parking- \$ 20 | | | |
| F. Meals and Lodging: | | | |
| Travel Days 1. (3/4 M&IE for Federal government employee fact witness, 1/2 M&IE for non-Federal government employee fact witness) (a) \$ | x Day(s) = \$ | 21013 / 2194 | |
| Days Away from Home (full day's M&IE per day) | x Day(s) = \$ | 21013 / 2194 | |
| 3. Actual Cost of Lodging, Not to Exceed \$ @\$ | * x Day(s) = \$ | 21012 | |
| (Do not claim if paid by Federal government *The Actual Cost of Lodging lodging amount) | cannot be greater than the Not to Exceed | | |
| NET AMOUNT PAID (Fees plus totals of Sections C, D, E, | and F minus Advance Received fr | om top of Page 1): | 169.02 |
| PART IV - CERTIFICATION | | | |
| SOCIAL SECURITY NUMBER/PRIVACY ACT NOTICE: Disclosure reporting purposes under the authority of 26 CFR Section 301-6109-1, in o Revenue Service. This information will be used to identify an individual will provide this information may result in delay of your compensation, and the Service that your number is unknown. This information is being provided of Falsification of an item may constitute a forfeiture of claim (28 U.S.C., Sectimprisonment of not more than 5 years or both (18 U.S.C. 287). | rder to ensure the accuracy of income con ho is compensated by funds of the Depart Department of Justice will be required to no Form 1099 to the Internal Revenue Ser | inputation by the Interrument of Justice. Failure notify the Internal Revice. | nal ee to venue |
| CERTIFICATION A self-that this worther is true and correct to the | best of my knowledge and belief, an | d that payment or cr | edit has not |
| | | 2/11 | 124 |
| Signature | | Date | |
| PART V - CLAIM VERIFICATION | | | |
| VERIFICATION: I verify that the above information and receipts provbest of my knowledge. | rided by the witness or travel compan | ion, is true and corre | ect to the |
| Sulhan | | 2/16/202 | 24 |
| Signature | husana wamana | Date | |
| Victim Assistance Specialist | breane.warner@usdoj.gov | | |
| Title of Authorized Federal Government Official | E-mail Address | | |